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Acting Governor

www.nj.gov/health

FRED M. JACOBS, M.D., J.D.
Commissioner

TO: Administrators of Assisted Living Residences and
Comprehensive Personal Care Homes

FROM: Barbara Goldman, R.N., J.D.
Director, Licensing and Certification
Long Term Care Systems

Andrew D. Benesch, Health Data Specialist 1

DATE: October, 2005

SUBJECT: Results of Resident Profile Survey for 2004

Enclosed is a copy of a report containing the results of the Resident Profile Survey, which was mailed to each assisted living residence (ALR) and comprehensive personal care home (CPCH) in New Jersey on January 26, 2005. This report contains information concerning assisted living residents in New Jersey. The issues addressed are source of admission, discharge destination, reason for discharge, Activities of Daily Living (ADL) needs, medication administration needs, cognitive task needs, age, gender, need to care for spouse, Medicaid coverage, and length of stay. We believe that you will find this information useful in determining how your facility compares with the statewide average for each of these measures.

The Department of Health and Senior Services is pleased to report 100% compliance with the requirement to submit the 2004 Resident Profile Survey. The Department would like to thank all facilities for completing and submitting the survey for 2004. If you have any questions, concerns, or comments on the report, you may contact Mr. Andrew Benesch, Health Data Specialist I, at (609) 633-9042.

**Results of the Resident Profile Survey
for the Year 2004**

**State of New Jersey
Department of Health and Senior Services
Division of Long Term Care Systems
October, 2005**

Introduction

The Department of Health and Senior Services defines assisted living as “a special combination of housing, personalized support services and health care designed to accommodate those who need help with the activities of daily living (ADLs) but may not require the type of care provided in a nursing home.”¹ We are pleased to present the fourth annual report summarizing the results of a survey (Resident Profile), which is designed to present a synopsis of selected characteristics of assisted living residents in New Jersey. Data was collected from 190 Assisted Living Residences (ALRs) and Comprehensive Personal Care Homes (CPCs). This represents all facilities in operation as of December 31, 2004, except for five facilities for whom the survey was not deemed appropriate (e.g. hospice, newly licensed). As in prior years, an analysis of statewide data will be presented in this report. In addition, the following features have been added:

- 1) A trend analysis showing data for three years, 2002 through 2004.
- 2) A comparison of data for three counties, each located in a different part of the state. The county-specific data is compared with statewide.

¹ State of New Jersey, Department of Health and Senior Services, Assisted Living in New Jersey, What is AL, <http://www.state.nj.us/health/ltc/alinnj/index.shtml#what>

Methodology

Staff in the Department of Health and Senior Services developed the Resident Profile Survey, with input from representatives of the assisted living industry. The survey has been revised several times since its inception in 2001. Two changes were made for 2004 data collection.

- 1) A column was added to the “In-House Resident Profile” to indicate whether the resident was in the facility solely to care for a spouse.
- 2) A new column, “Reason for Discharge,” was added to the “Discharged Resident Profile.”

The survey was emailed to the majority of facilities; it was mailed to those without email access. Facilities were asked to return the survey by March 15, 2005. Approximately 40% of the facilities met this deadline. The remaining surveys were received by the end of June. The data collection tool is divided into three sections:

- 1) Facility profile (Figure 1A) – This form requests basic facility information (e.g. name, address, and phone number).
- 2) In-House Resident Profile (Figure 1B) – The purpose of this form is to collect “snapshot” data for residents in-house on December 31, 2004. Facilities are asked to provide information for each resident pertaining to demographics, source of admission, and resident needs. In the interest of brevity, this set of residents will sometimes be referred to as “current residents.”
- 3) Discharged Resident Profile (Figure 1C) - This form provides information for residents discharged during 2004. The items requested are admission date, source of admission, discharge date, discharge disposition, and reason for discharge. Once again, in order to be concise, the term “discharged residents” will be used at times.

Purpose

The principal purpose of the Resident Profile Survey is to identify characteristics of the population, as well as sub-populations of assisted living residents. These include:

- 1) Age and Gender
- 2) Length of Stay (LOS)
- 3) Medicaid Status
- 4) Moving In and Moving Out
 - a) Current Residents
 - b) Discharged Residents
- 5) Need for Assistance with:
 - a) Activities of Daily Living (ADLs)
 - b) Medication Administration
 - c) Cognitive Tasks

In addition, the information derived from the Facility Profile will be used to cross-reference information in our facility licensing database, as well as to track the credentials of assisted living administrators (e.g. CALA).

These indicators can be used to determine whether assisted living is meeting its goal of promoting “aging in place.” The information derived from this survey will be useful to the Department when used in conjunction with other data (e.g. occupancy), in continuing to gain an understanding of the state of the industry. Administrators can compare their facility to the statewide average for the above indicators.

Data Analysis

Part I – 2004 Statewide

A. Facility-specific Information

1. Administrator Credentials (Figure 2)

Nearly two-thirds (63%) of administrators reported their credential as CALA, slightly less than one-third (31%) were LNHAs, and 6% held both credentials. Among ALR administrators, 71% had CALAs, 23% LNHAs, and 7% held both credentials. For CPCH administrators the mix of credentials was quite different, 29% CALA, 69% LNHA, and 3% both. The reason for this is that a larger percentage of CPCHs are associated with nursing homes, and in most cases the same person is the administrator of both facilities.

2. Email addresses

In many instances, email is a time saving means of communication. The Department is making an effort through the Resident Profile Survey, as well as through other data collection tools (e.g. Emergency Notification) to develop a complete and accurate list of facility email addresses. Three-quarters of the facilities listed an email address, which identified the facility. Of the remaining facilities, 8% gave a personal email address, while 17% did not report any email.

B. Resident-specific information

1. Resident Age and Gender (Figures 3A and 3B)

Resident ages were categorized as follows:

- a) younger than 70
- b) 5 year intervals from 70-94
- c) 95 and older

The largest share of the 11,777 residents in the 190 facilities as of December 31, 2004, 28%, were aged 85-89, followed by the age range 80-84, with 24%. The smallest groups were “younger than 70”, with 5%, and “70-74”, comprising 4%. The remainder were in the “90-94” group, with 20%, “75-79”, 11%, and “95 or older”, 8%. Facilities did not report age for 5% of the residents included in this analysis. The mean age for the 11,777 residents was 85.1.

Slightly over three-quarters (77 %) were female. A total of 160 residents, 1.4%, were in the facility solely to care for a healthy spouse.

2. Resident Length of Stay (LOS) (Figures 4A and 4B)

Residents were classified as follows:

- a) Less than one month
- b) Six month intervals from 1-24
- c) Greater than 24 months

Two measures of length of stay were computed:

- 1) The amount of time that residents in-house on December 31, 2004 had been in the facility (Figure 4A).
- 2) The length of time that residents discharged during 2004 spent in the facility (Figure 4B).

The mean LOS for current residents (24.0 months) is significantly higher than for discharged residents (18.8 months). This is not surprising, because in many cases the resident is discharged quickly; 12% of residents discharged during 2004 had been in the facility for one month or less. By contrast, only 4% of residents in-house on December 31, 2004, had been in the facility for one month or less. A substantially larger share (38%) of current residents than discharged residents (29%) had stayed longer than 24 months.

3. Medicaid Status (Figure 5)

Medicaid covered 2,101 (18%) of the 11,777 residents. In 2004, the allocation of slots under the Medicaid waiver was 3,200. The number of available slots was increased to 3,575 in 2005. As of July 1, 2005, ALP residents occupied 199 of these slots; residents enrolled in Adult Family Care programs used 48 slots.² These facilities were not included in the Resident Profile Survey. Hence, the number of slots available to residents of ALRs and CPOCHs during 2004 was roughly 3,000. This makes the 2,101 residents reported as covered by Medicaid seem rather low, however, two factors need to be considered:

- a) In the case of 492 residents, facilities did not specify whether Medicaid covered the person, or not.
- b) Some of the residents reported by the facilities were not included in the analysis due to data problems.

4. Moving In and Moving Out (Figures 6A-6C)

² State of New Jersey, Department of Health and Senior Services, Division of Aging and Community Services, Programs Operations Unit, July, 2005

The distribution of admission sources was similar for the 11,777 residents in-house on December 31, 2004, and for the 5,313 residents discharged during 2004. A larger percentage of current residents (64%) than discharged residents (61%) were admitted from home. The reverse was true for admissions from nursing homes and acute care hospitals, indicating that as a group, the discharged residents had greater needs than the current residents.

A reason for discharge was given for 2,931 (55%) of the 5,313 residents discharged during 2004. The three most common reasons for discharge were in this order:

- a) greater resident needs
- b) death
- c) financial

5. ADL Needs (Figures 7A-7D)

As expected, the two ADLs with which the 11,777 residents required the greatest assistance were bathing and dressing. By contrast, more than four out of five residents did not require any assistance with eating and bed mobility. Nearly one-third (30%) of residents did not require assistance with any ADLs. The mean number of ADLs for which residents required assistance was 2.3. Further details (e.g. degree of assistance) are shown in Figures 7B-7D.

6. Other Needs (Figures 8A and 8B)

The percentage of residents requiring assistance with medication administration is much larger than for any of the seven ADLs. More than three-quarters (76%) of residents required some assistance in taking their medications.

Slightly over half (51%) of the 11,777 residents required at least some assistance with cognitive tasks, but only 20% required full assistance. Although overall resident needs in this area were considerably smaller than for medication administration, they were higher than for all ADLs except bathing.

Part 2 - Three Year Trend Analysis

The number of licensed CPCHs and ALRs grew by 16% over the three-year period January 1, 2002 through December 31, 2004. The rate of growth was considerably slower than during the peak years (1997-2000); however ALRs grew at a rate of 22% while the number of CPCHs actually declined by 2% during the years 2002-2004. More than half of the growth during the three-year period took place in 2002.³

For the most part, the indicators measured in the Resident Profile Survey were rather stable during this period. The most significant change was a marked increase in LOS. The sample size, both in terms of facilities and residents, was much smaller in 2002 than in 2003 and 2004. (Figures 9 and 10).

Figure 11 shows that the mean resident age rose slightly in 2003 (0.6 years) and fell by an even smaller amount (0.3 years) in 2004. The percentages of women and men were virtually unchanged; slightly over three-quarters of the residents were female (Figure 12).

Trends in LOS are shown in Figures 13A and 13B. For current residents LOS increased by 23% during the period. The percentage increase was very similar in 2003 and 2004 (Figure 13A). By contrast the increase in LOS for discharged residents was much larger in 2004 than in 2003. The overall increase in LOS for discharged residents was 17.3% (Figure 13B). These figures may indicate that assisted living in New Jersey is meeting its goal of “aging in place.”

The percentage of residents covered by Medicaid increased steadily, reflecting the increase in the number of available slots (Figure 14).

Figure 15A shows that the share of current residents admitted from home increased by 6.7% from 2002 to 2004. Meanwhile, the percentage of admissions from nursing homes decreased by 17.6%, with fluctuations from year to year. The figures for discharged residents showed little change through the period (Figure 15B).

The final indicator included in the trend analysis, mean ADLs, rose by 12.7%; most of the increase was in 2003 (Figure 16).

³ ACO

Part 3 - Three County Analysis

The counties selected are Camden, Monmouth, and Morris. They were chosen because each county is located in a different part of New Jersey, and because a substantial number of CPOCHs and ALRs are located within their boundaries. A brief summary of demographic information for the three counties will be presented prior to comparing their data from the Resident Profile Survey.

Demographics

Based on data from the 2000 US Census, the only county of the three with a population density below the statewide average of 1,134/sq. mi., was Morris. Camden County had nearly twice as many residents per square mile than the state as a whole, while Monmouth was 11% more densely populated, and Morris roughly the same percentage less than the average for New Jersey. All three counties had a smaller percentage of residents aged 65 or older than the statewide average of 13.2%, Camden and Monmouth each with 12.5%, and Morris with 11.6%.⁴ In 2003, Morris County had the eighth highest per capita income of all counties in the United States, at \$55,796. The figure for 2000, \$56,163, was 45% higher than the statewide average of \$38,651. Monmouth County was also wealthier than New Jersey as a whole, but only by 10%. By contrast, Camden had a per capita income of \$29,417, 24% lower than the statewide average. In presenting this figure, two things must be taken into account:

- 1) The largest city, Camden, with a population of nearly 80,000, accounted for approximately 15% of the county's residents. Per capita income was \$9,815. This exceptionally low figure brings down the average for Camden County.
- 2) Of the eight counties generally thought of as comprising South Jersey, Camden ranked fifth in terms of per capita income.⁵

⁴ New Jersey Income and Poverty Data, <http://www.wnjin.net/OneStopCareerCenter/LaborMarketInformation/lmi10/index.html>, All data is from the 2000 US Census, unless otherwise specified.

⁵ Census 2000 Summary File One Population and Housing Characteristics Thirteen Profiles, http://www.wnjin.net/OneStopCareerCenter/LaborMarketInformation/lmi25/sf1/prof_ndx.htm

Analysis of County-specific Resident Profile data

Monmouth County had 24 ALR and CPCH facilities, the most among the three counties. These facilities reported a total of 1,410 residents on December 31, 2004, 12% of the statewide total. Morris County had 16 facilities, two more than Camden, but reported 214 (20%) fewer residents (Figure 17).

The mean resident age for all three counties was within 1% of the statewide average of 85.1 years. Residents in facilities in both Morris and Monmouth were slightly older, while in Camden they were somewhat younger than for New Jersey as a whole (Figure 18).

Residents in Camden County facilities stayed significantly longer than the statewide average. This was true both for current residents (11.3% higher), and for discharged residents (12.2% higher). For the other two counties, LOS was close to the statewide average except for LOS for current residents in Morris County, which was 16.3% shorter than statewide (Figures 19A and 19B).

Figure 20 shows the percentage of facilities in each county and statewide, that participate in the Medicaid waiver program, as well as the percentage of residents covered by Medicaid. Not surprisingly, the percentage of Medicaid residents is highest in Camden, the least affluent of the three counties, and lowest in Morris, the wealthiest. Medicaid covered 25% of residents in Camden County facilities, 39% higher than the statewide average of 18%. The percentage for Monmouth is 17% greater, while the share for Morris is 6% lower than for the state at large. Nearly 80% of facilities in both Camden and Monmouth participate in the Medicaid waiver program, as compared with only 38% in Morris. The statewide average is 67%.⁶

The final indicator included in the three county analysis is the mean number of ADLs requiring assistance (Figure 21). Residents in Camden County facilities were 11% less dependent than the average resident in New Jersey, while Monmouth County residents required 13% more assistance. Residents in Morris County were close to the statewide average (1% more dependent).

⁶ ASPEN Central Office (ACO)/AST Version 8.5 (PR1), Alpine Technology Group contractor for the Center for Medicare and Medicaid Services, July, 2005

Limitations

Although every effort was made to verify data, this was not always possible, given the large volume of data and limited staff resources. There were fewer problems with the design of the forms than in previous years. In addition, it was helpful that more facilities submitted their data electronically than in the past. There were, however, several recurrent data problems. A number of facilities had new administrators who were not familiar with the survey. The most prevalent data problems were as follows:

- 1) Facilities submitted surveys with missing information, the most prevalent being resident birth dates. In some instances, the entire survey was not submitted at the same time; this made the process of compiling the data more difficult.
- 2) Entries in Item 2, Columns 12-20, contained check marks, as opposed to 0,1, or 2, as requested in the instructions.
- 3) Residents were listed in Item 3 (Discharged Resident Profile) who were not discharged during 2004.
- 4) The initial set of forms emailed to facilities had date restrictions from the 2003 survey (e.g. Admission date must be less than or equal to 12/31/2003). Although a corrected version was emailed, some facilities used the original forms; hence they were unable to fill in certain dates.
- 5) Some facilities reported that some data elements were very difficult to obtain, due to changes in ownership and/or administrator.
- 6) Many different responses were submitted for Item 3, Column 17 (Reason for Discharge); this made the data very difficult to compile.

The Department will take these problems into account in designing the 2005 Resident Profile Survey tool. The Department hopes that in the event of ownership/administrator changes, the outgoing officers will be cooperative in providing data and in making their replacements aware of this survey.

Conclusions

The process of collecting and analyzing Resident Profile data for 2004 is part of the Department's ongoing effort to provide a profile for selected characteristics of assisted living residents in New Jersey. Analysis of this information will be useful to facilities, industry representatives, researchers, and policymakers. The Department hopes to provide a comparison for a different set of counties each year. In addition, we plan to incorporate the results of the annual occupancy survey into future versions of this report. We are pleased that, for the second consecutive year, 100% of facilities submitted the Resident Profile Survey, but we hope that facilities will provide data in a timelier manner in the future.

Once again, we would like to thank those facilities that were cooperative in submitting the data and in helping the Department to revise and correct it, when necessary. In conclusion, the Department believes that the 2004 Resident Profile data is a valuable resource for providers, planners, and the general public. Thank you.

Figure 1A

| | | | |
|---|--|--------------------------|------|
| New Jersey Department of Health and Senior Services | | | |
| Division of Long Term Care Systems | | | |
| ASSISTED LIVING RESIDENCE AND COMPREHENSIVE PERSONAL CARE HOME | | | |
| 2004 RESIDENT PROFILE SURVEY | | | |
| REVIEW DEFINITIONS AND INSTRUCTIONS BEFORE COMPLETING FORM | | | |
| ITEM 1 FACILITY PROFILE | | | |
| | | | |
| A * License Number: | | | |
| | | | |
| B * Facility Name: | | | |
| | | | |
| C * Facility Address: | | | |
| | | | |
| D * City: | | | |
| | | | |
| E * Zip Code: | | | |
| | | | |
| F County: | | | |
| | | | |
| G Telephone: | | | |
| | | | |
| H FAX: | | | |
| | | | |
| I Email Address: | | | |
| | | | |
| J Administrator's Name: | | | |
| | | | |
| K Type of Credential Held by Administrator: | | <input type="checkbox"/> | LNHA |
| | | <input type="checkbox"/> | CALA |
| | | | |
| | | | |
| * List information exactly as it appears on the facility license | | | |

Figure 1B

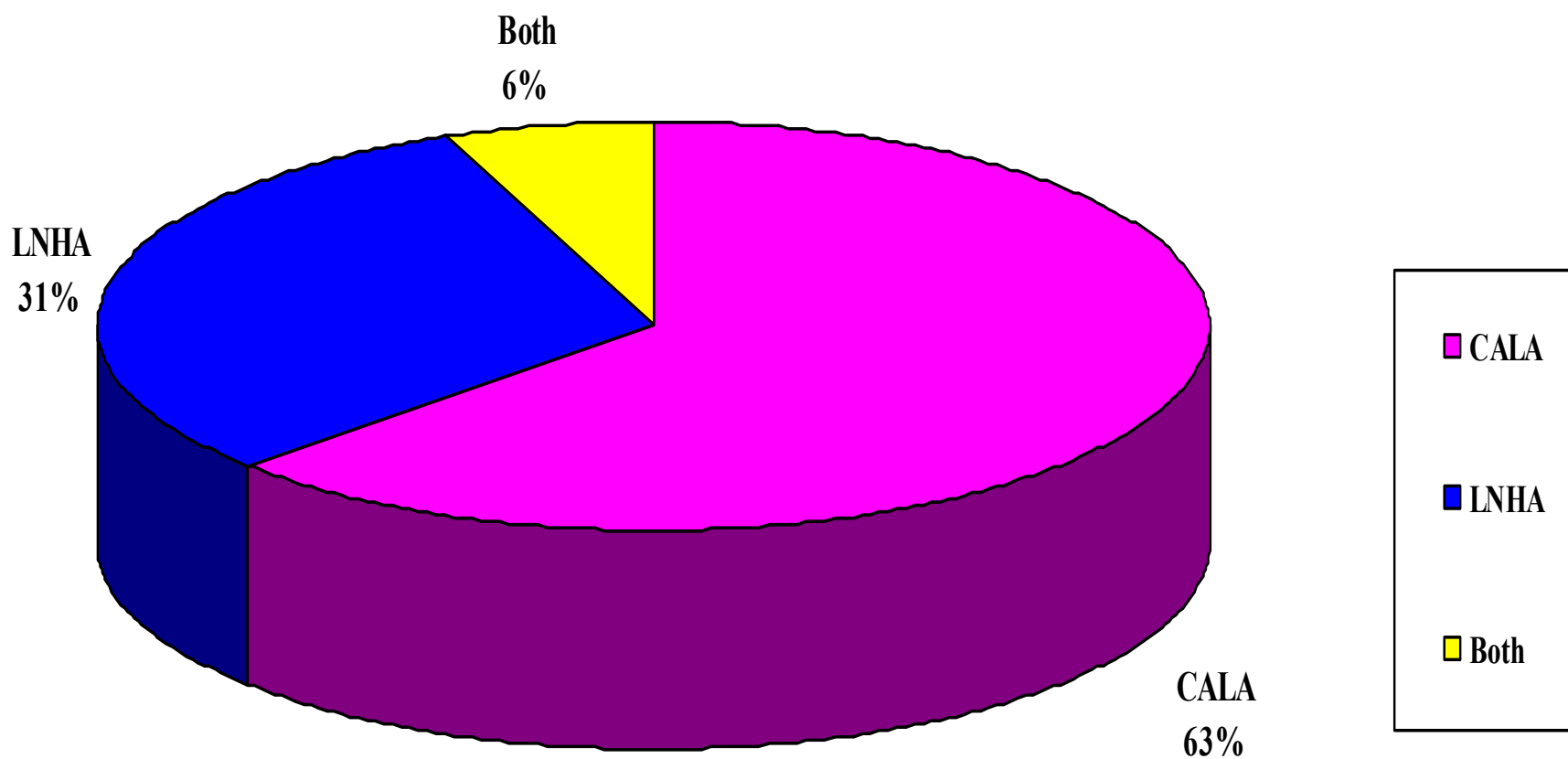
[illegible]

Figure 1C

[illegible]

Figure 2

Distribution of Administrator Credentials by Type



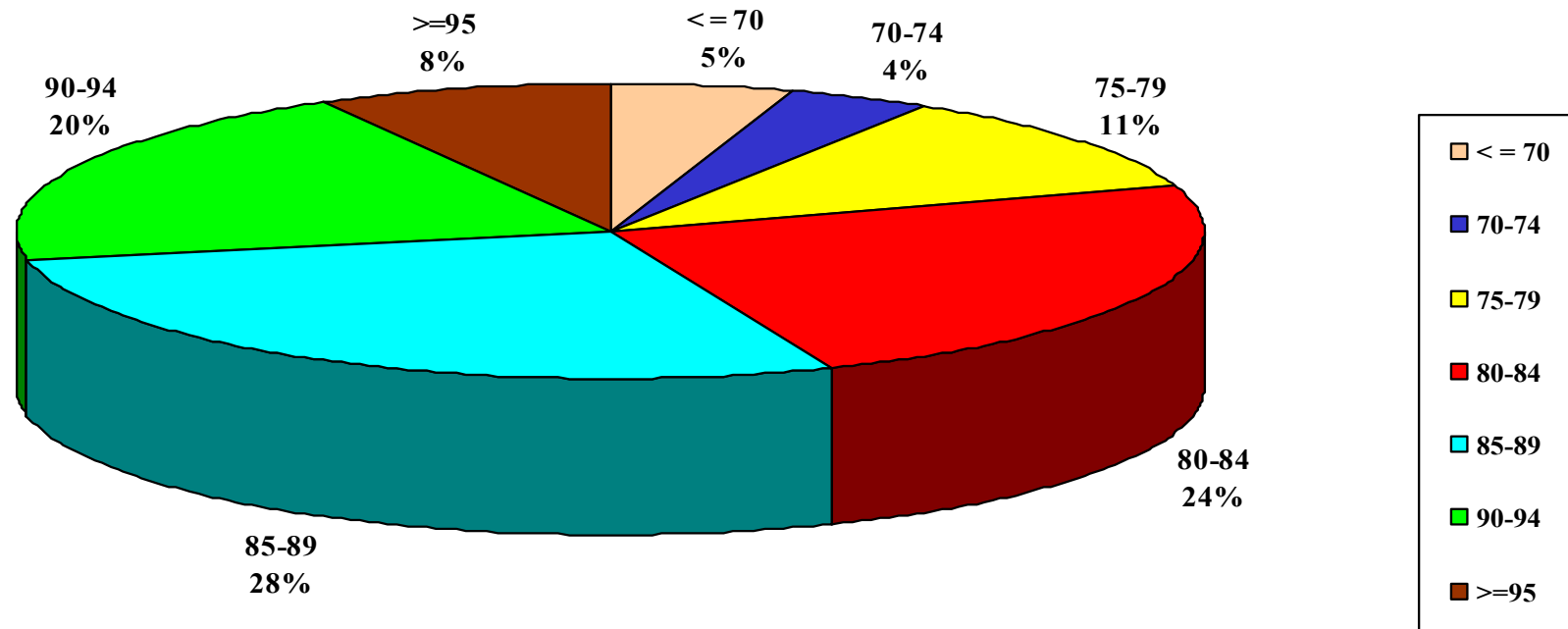
The sum of the percentages may not equal 100, due to rounding.

Source of Data: Resident Profile Survey - 2004

Based on 181 administrators in 190 facilities

Figure 3A

Distribution of Residents by Age Group



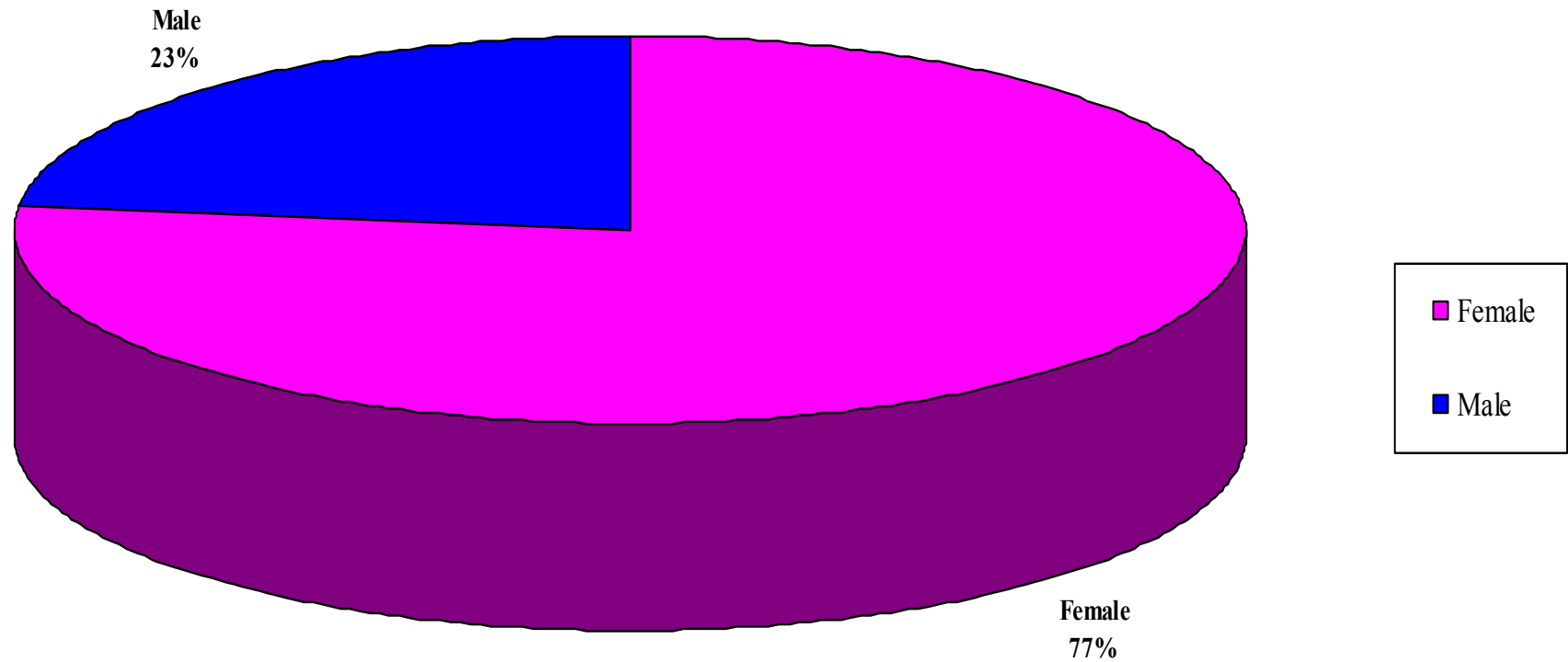
The sum of the percentages may not equal 100, due to rounding.

Source of Data: Resident Profile Survey - 2004

Based on 11,777 Residents in ALR/CPCH 190 Facilities on 12/31/2004

Figure 3B

Distribution of Residents by Gender



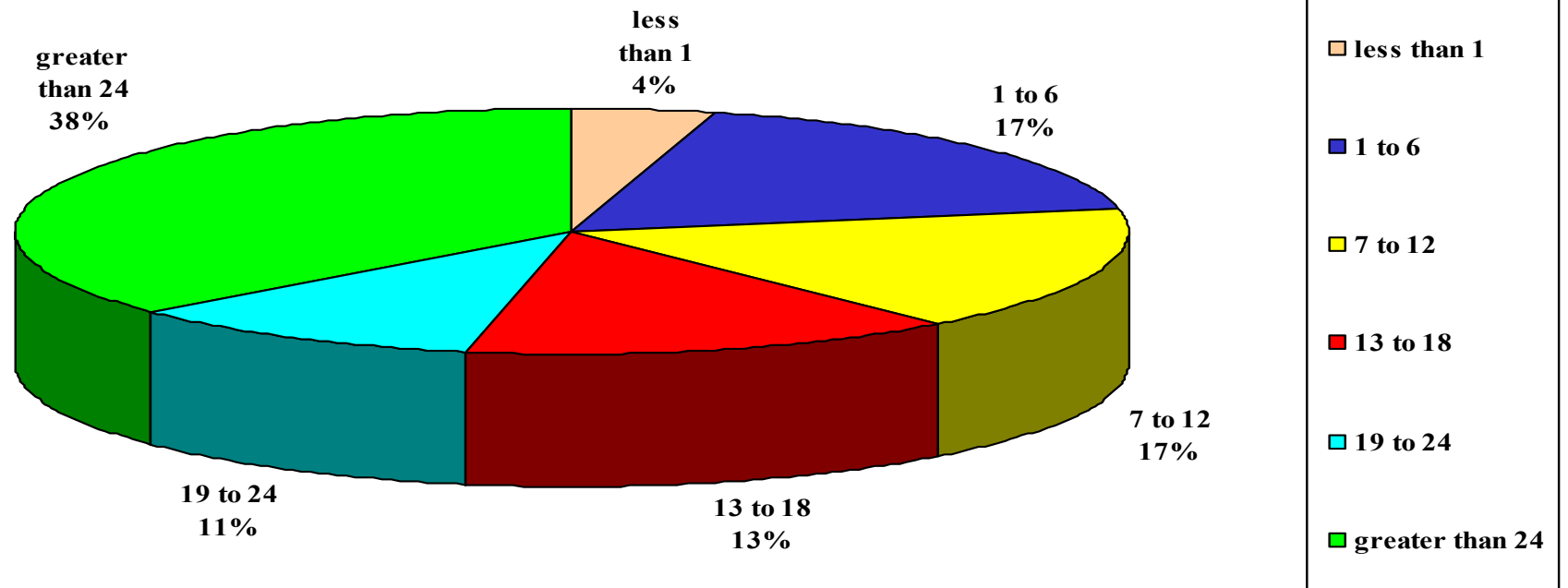
The sum of the percentages may not equal 100, due to rounding.

Source of Data: Resident Profile Survey - 2004

Based on 11,777 Residents in 190 ALR/CPCH Facilities on 12/31/2004

Figure 4A

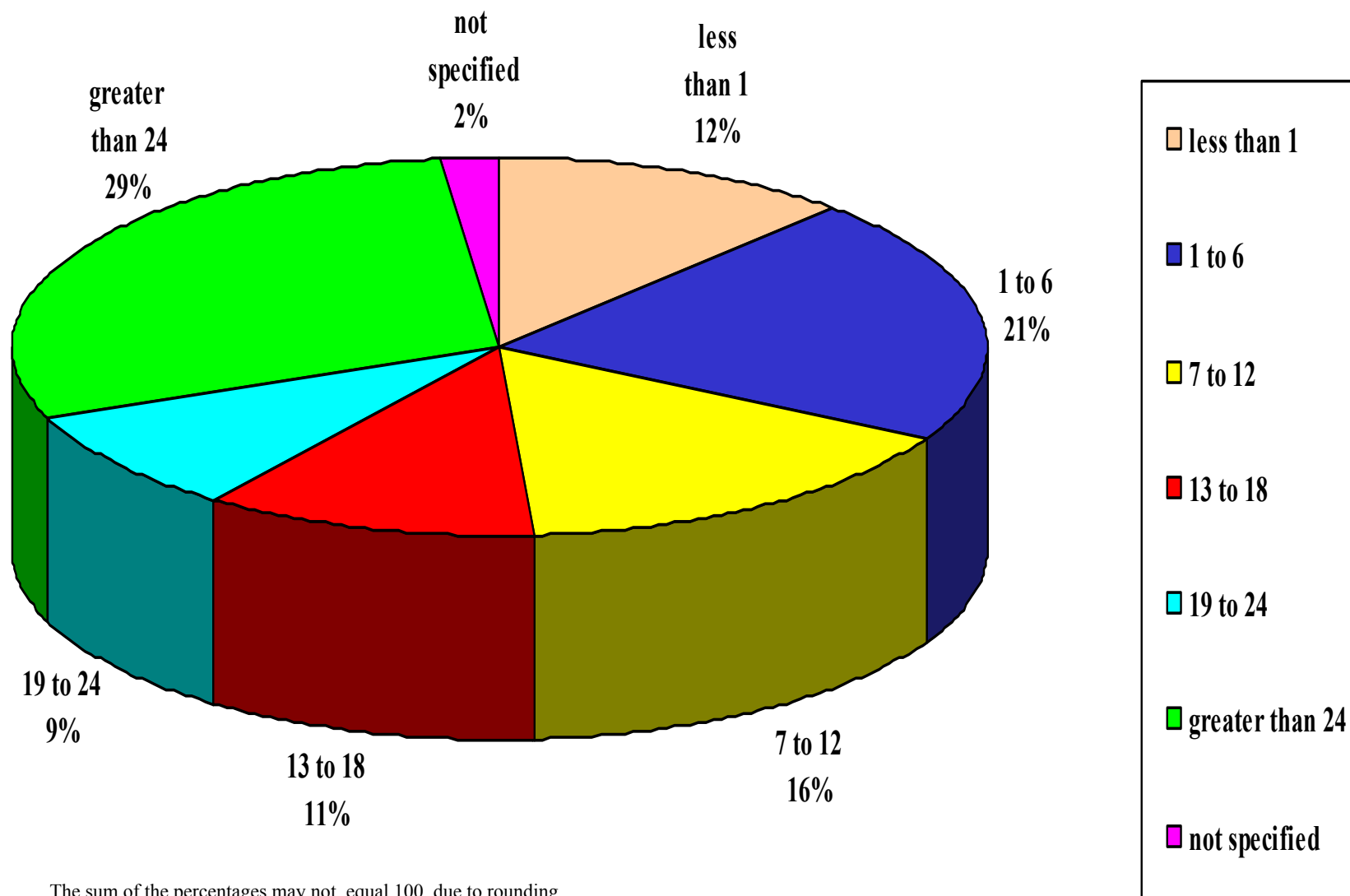
Distribution of Length of Stay for Current Residents (months)



The sum of the percentages may not equal 100, due to rounding.

Figure 4B

Distribution of Length of Stay for Discharged Residents (months)

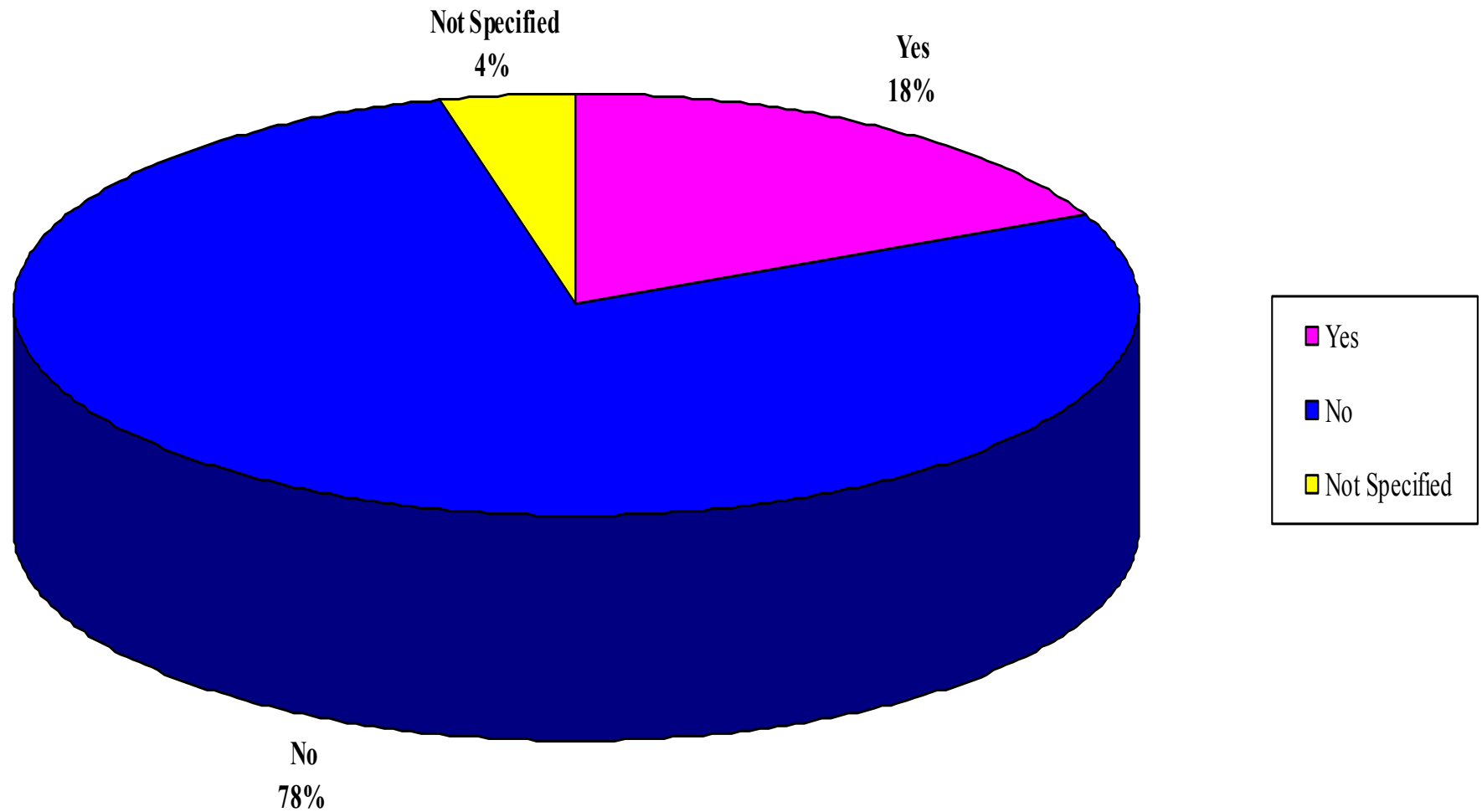


Source of Data: Resident Profile Survey - 2004

Based on 5,313 Residents Discharged from 190 ALR/CPCH Facilities in 2004

Figure 5

Residents Covered by Medicaid



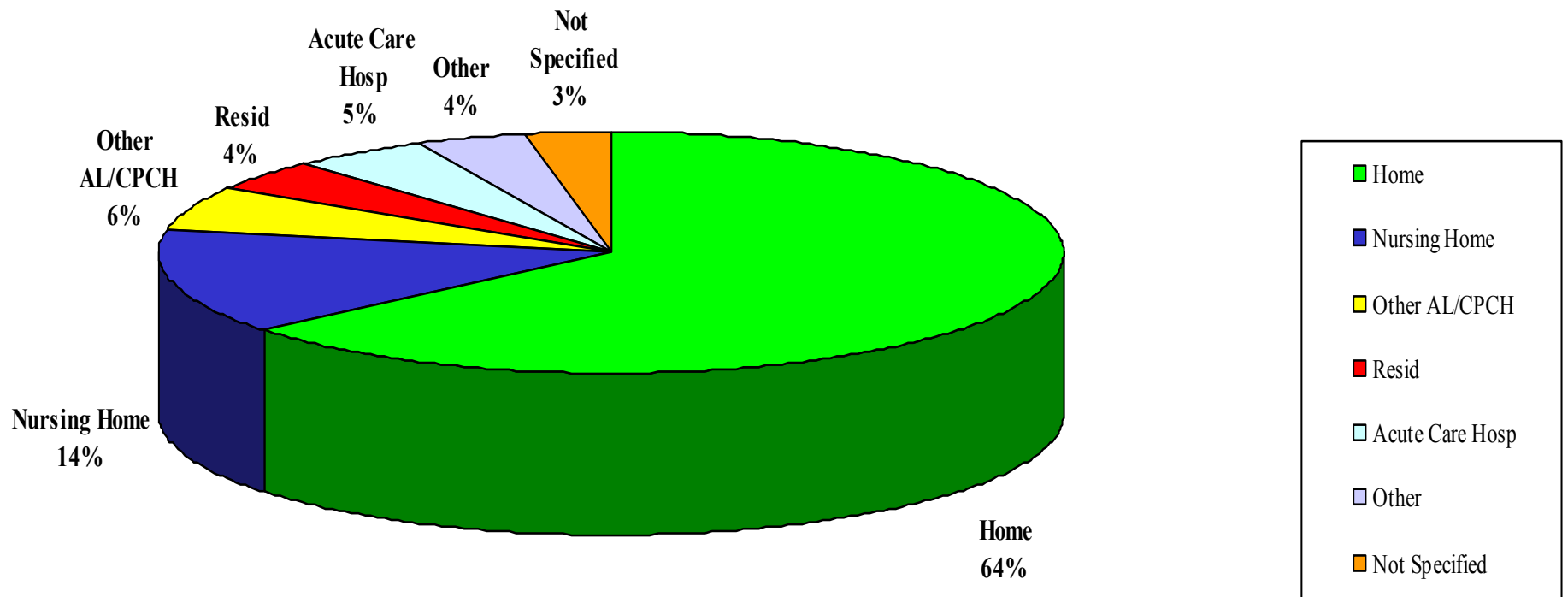
The sum of the percentages may not equal 100, due to rounding.

Source of Data: Resident Profile Survey - 2004

Based on 11,777 Residents in 190 ALR/CPCH Facilities on 12/31/2004

Figure 6A

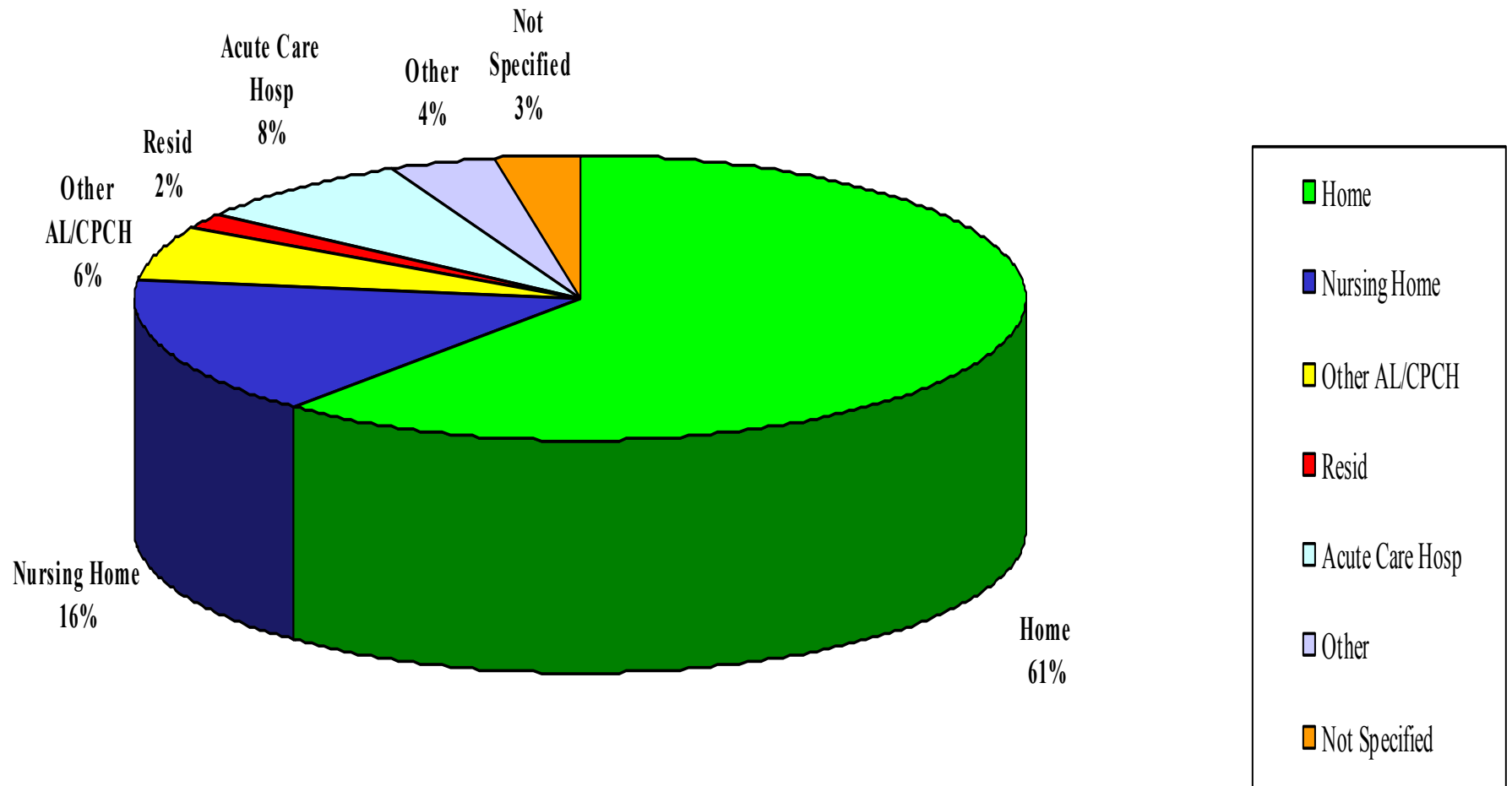
Admission Source for Current Residents



The sum of the percentages may not equal 100, due to rounding.

Figure 6B

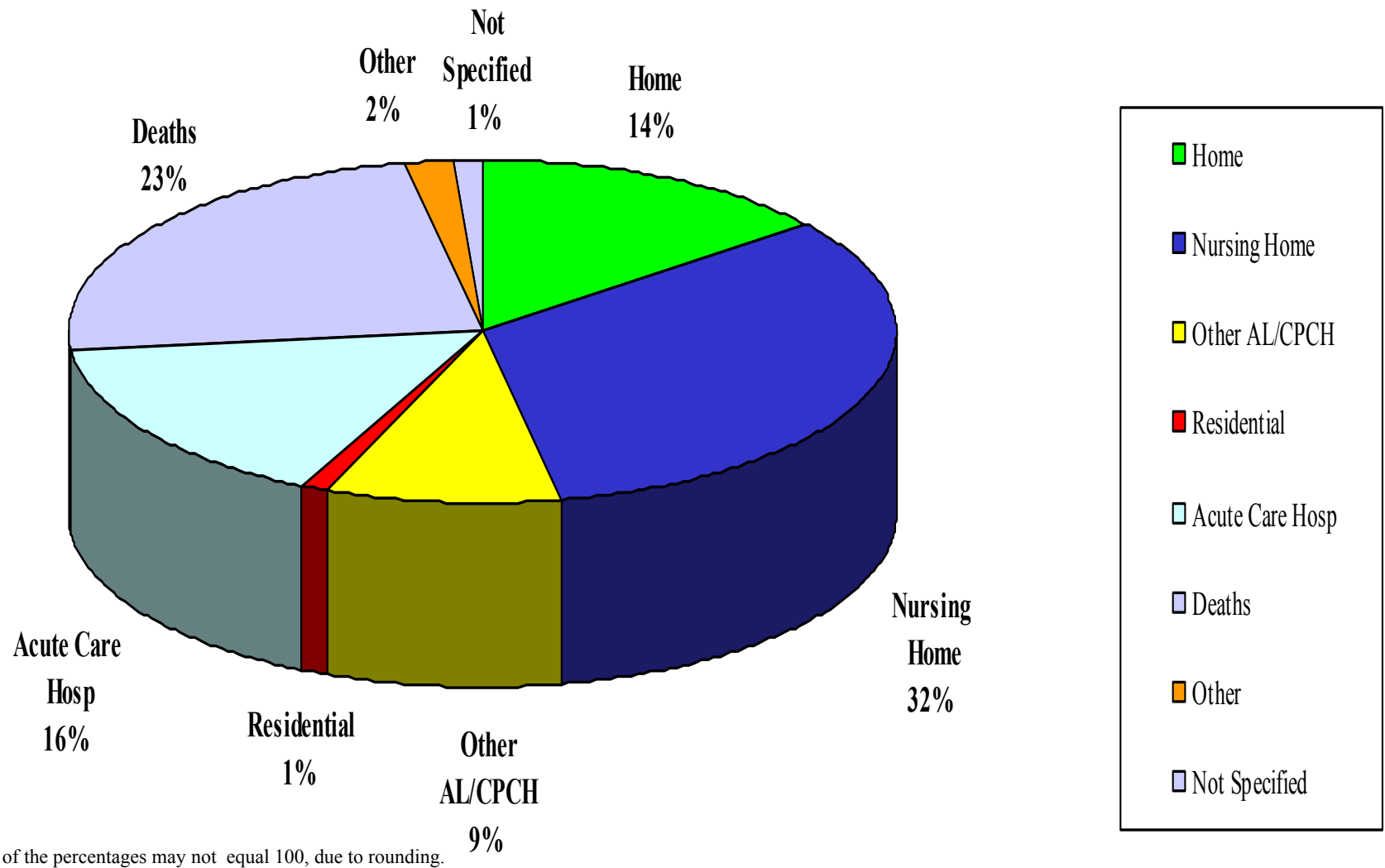
Admission Source for Discharged Residents



The sum of the percentages may not equal 100, due to rounding.

Figure 6C

Discharge Destination

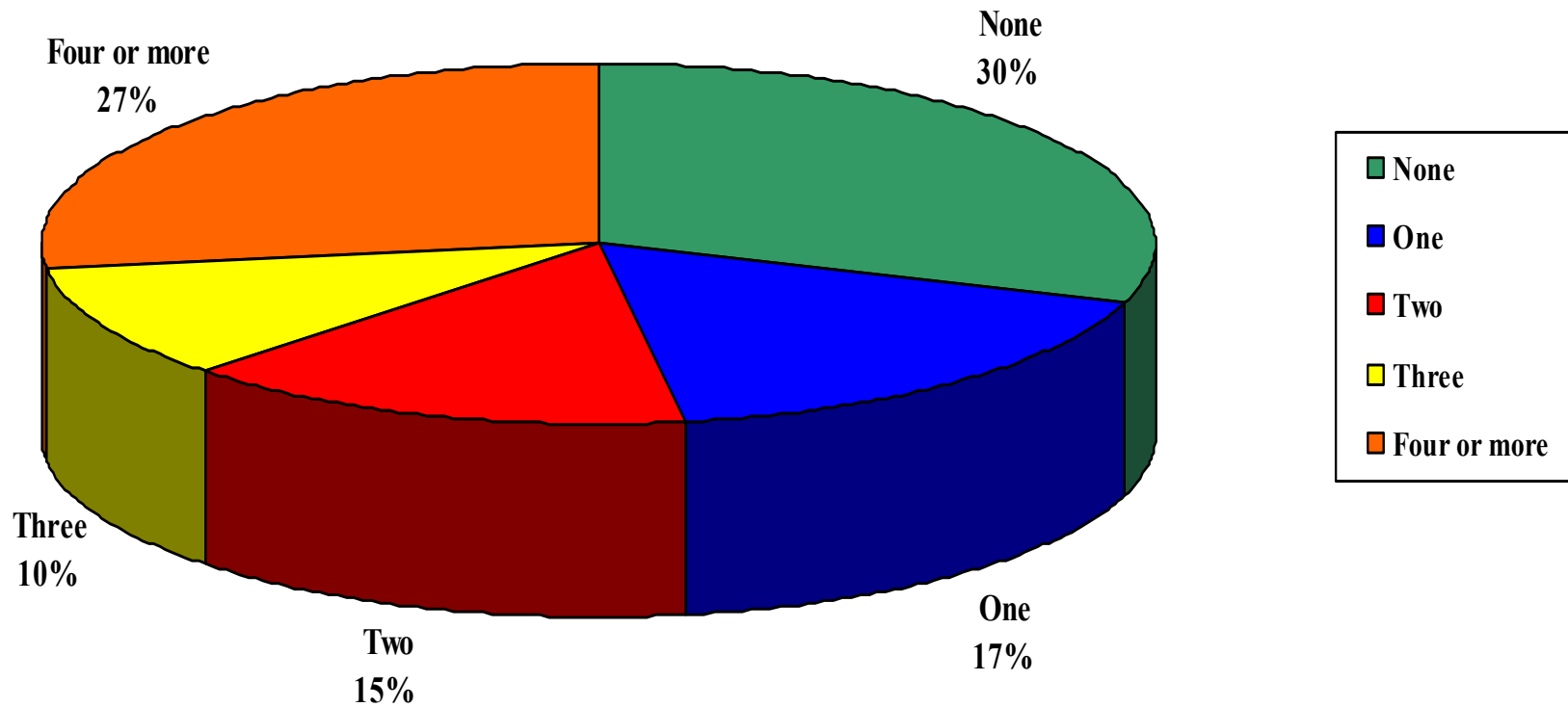


Source of Data - Resident Profile Survey - 2004

Based on 5,313 Residents Discharged from 190 ALR/CPCH Facilities in 2004

Figure 7A

Residents Requiring Assistance with ADLs



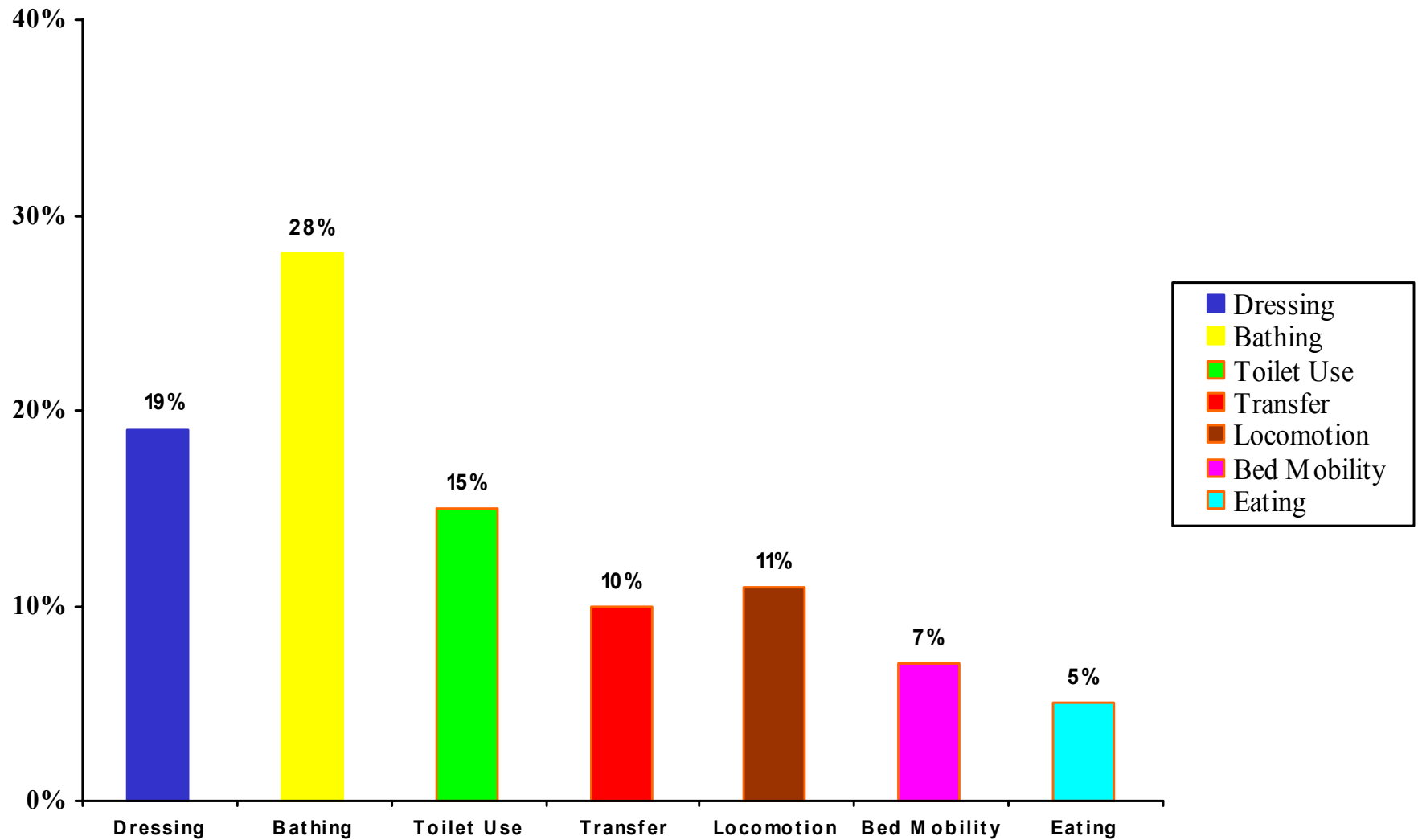
The sum of the percentages may not equal 100, due to rounding.

Source of Data: Resident Profile Survey - 2004

Based on 11,777 Residents in 190 ALR/CPCH Facilities on 12/31/2004

Figure 7B

Residents Requiring Total Assistance with Specific ADLs

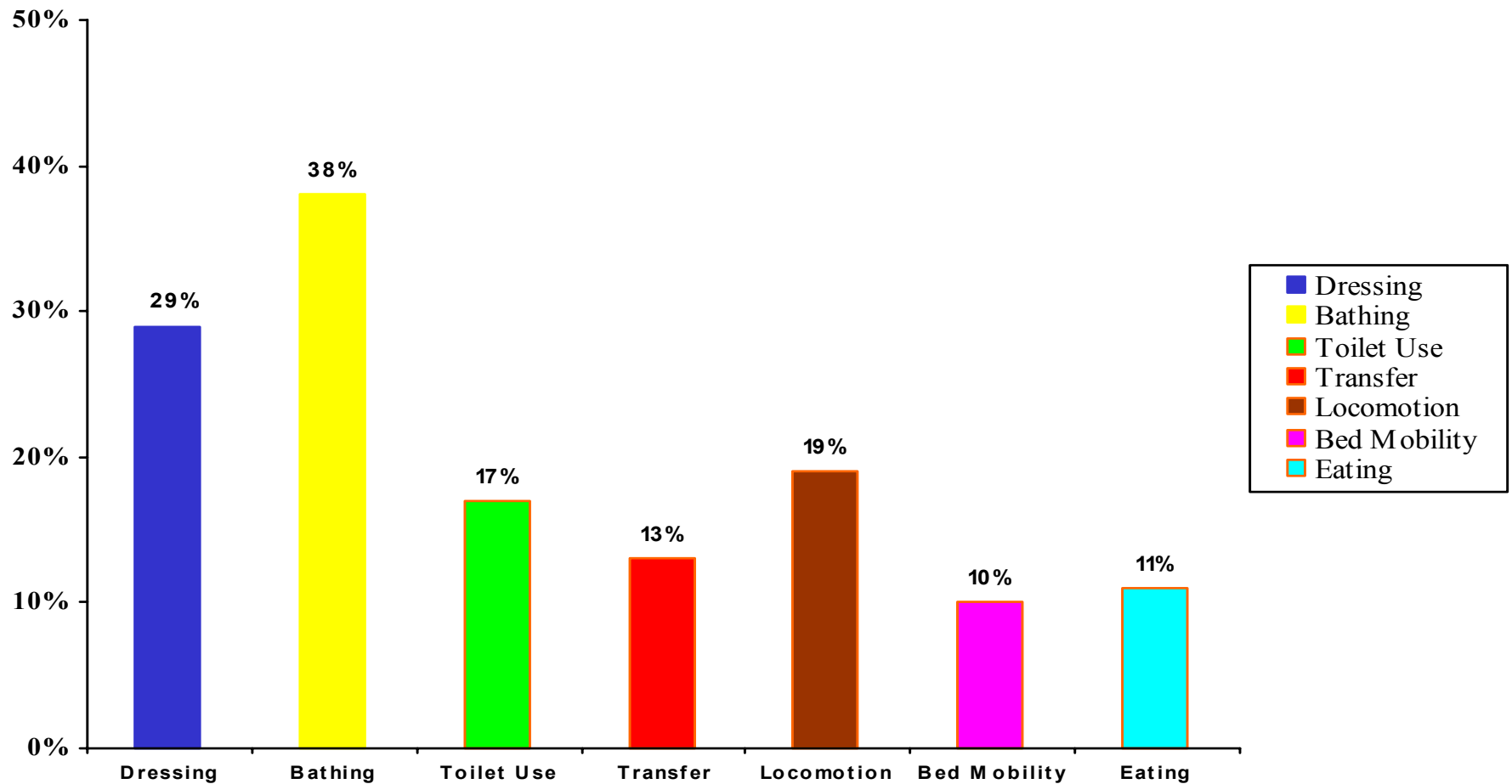


Source of Data: Resident Profile Survey - 2004

Based on 11,777 Residents in 190 ALR/CPCH Facilities on 12/31/2004

Figure 7C

Residents Requiring Limited Assistance with Specific ADLs

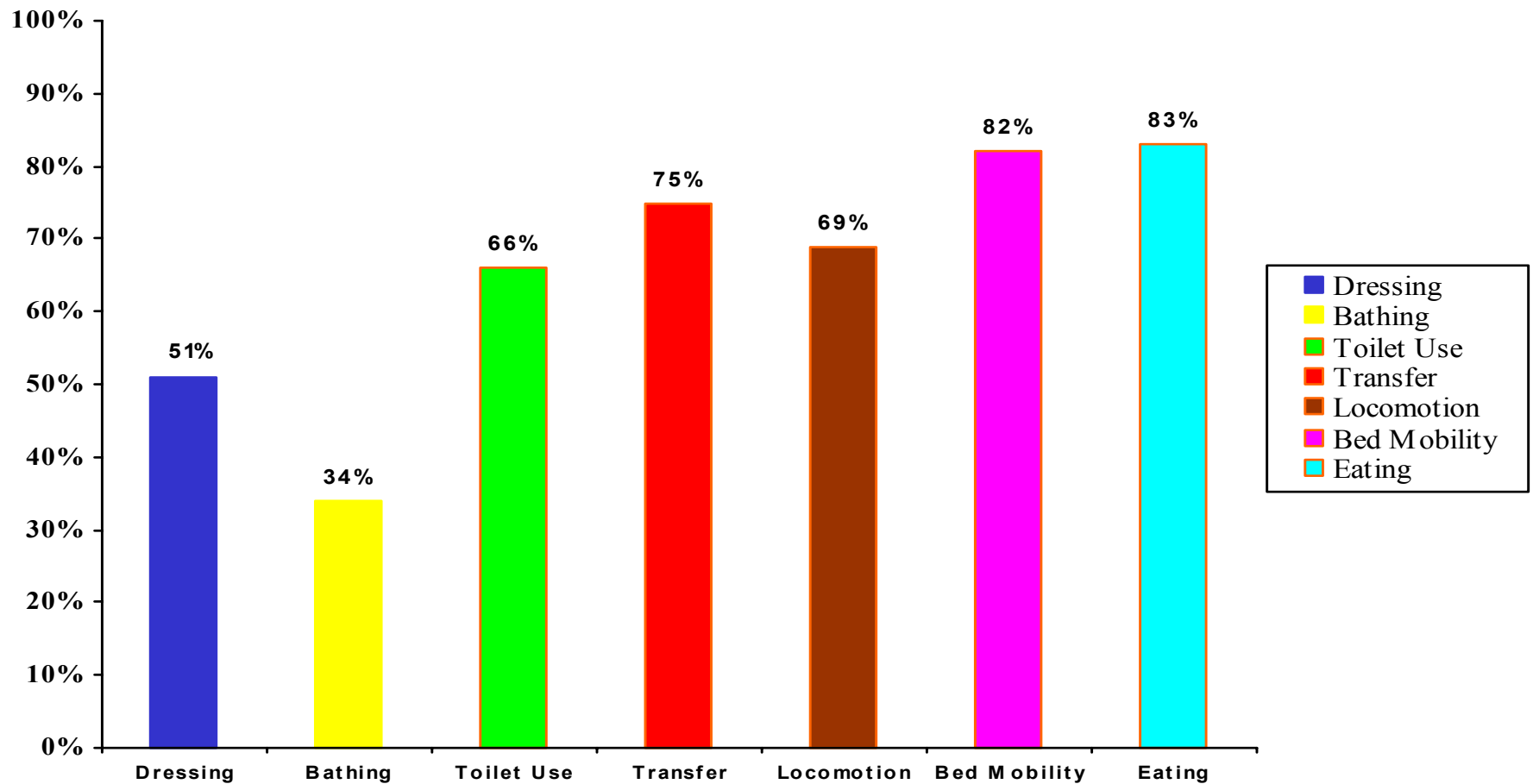


Source of Data: Resident Profile Survey - 2004

Based on 11,777 Residents in 190 CPCH/ALR Facilities on 12/31/2004

Figure 7D

Residents Independent in Performing Specific ADLs

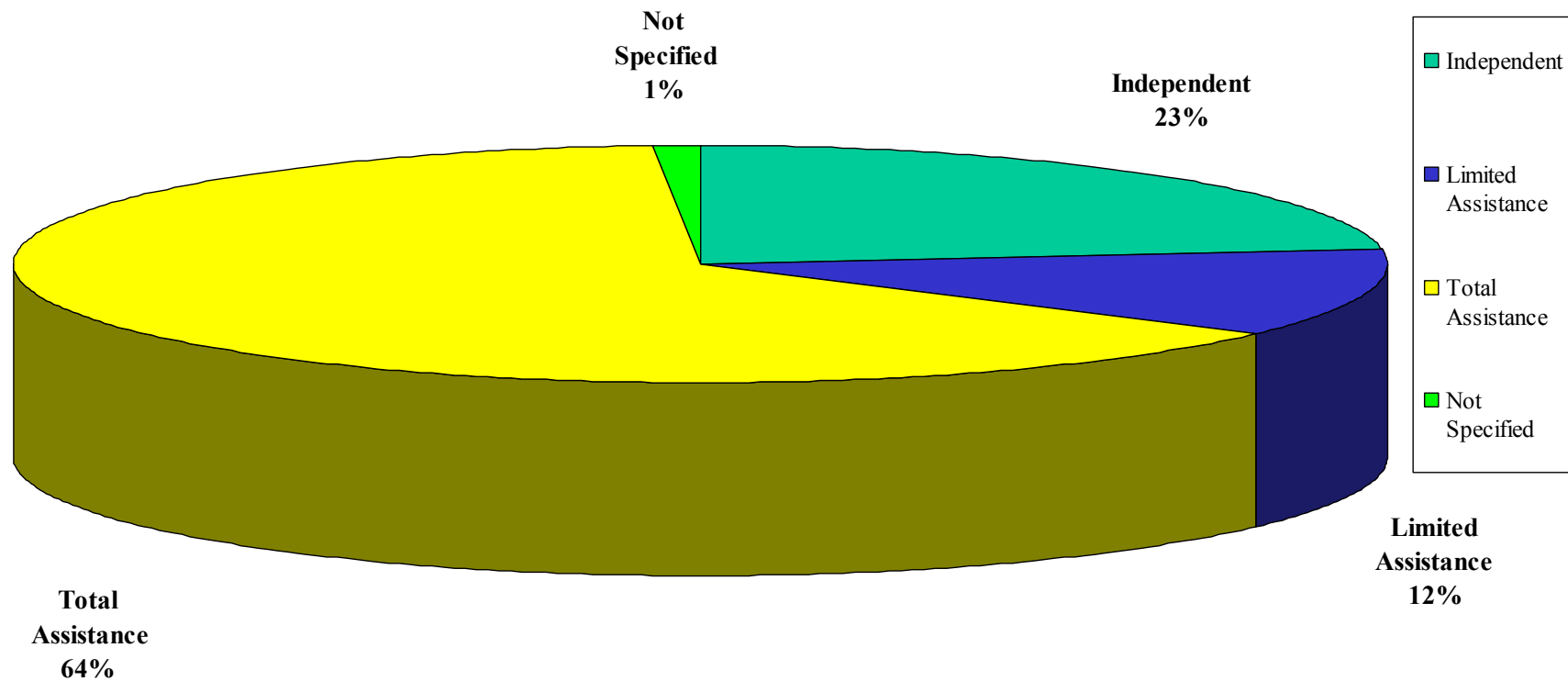


Source of Data: Resident Profile Survey - 2004

Based on 11,777 Residents in 190 ALR/CPCH Facilities on 12/31/2004

Figure 8A

Residents Requiring Medication Assistance



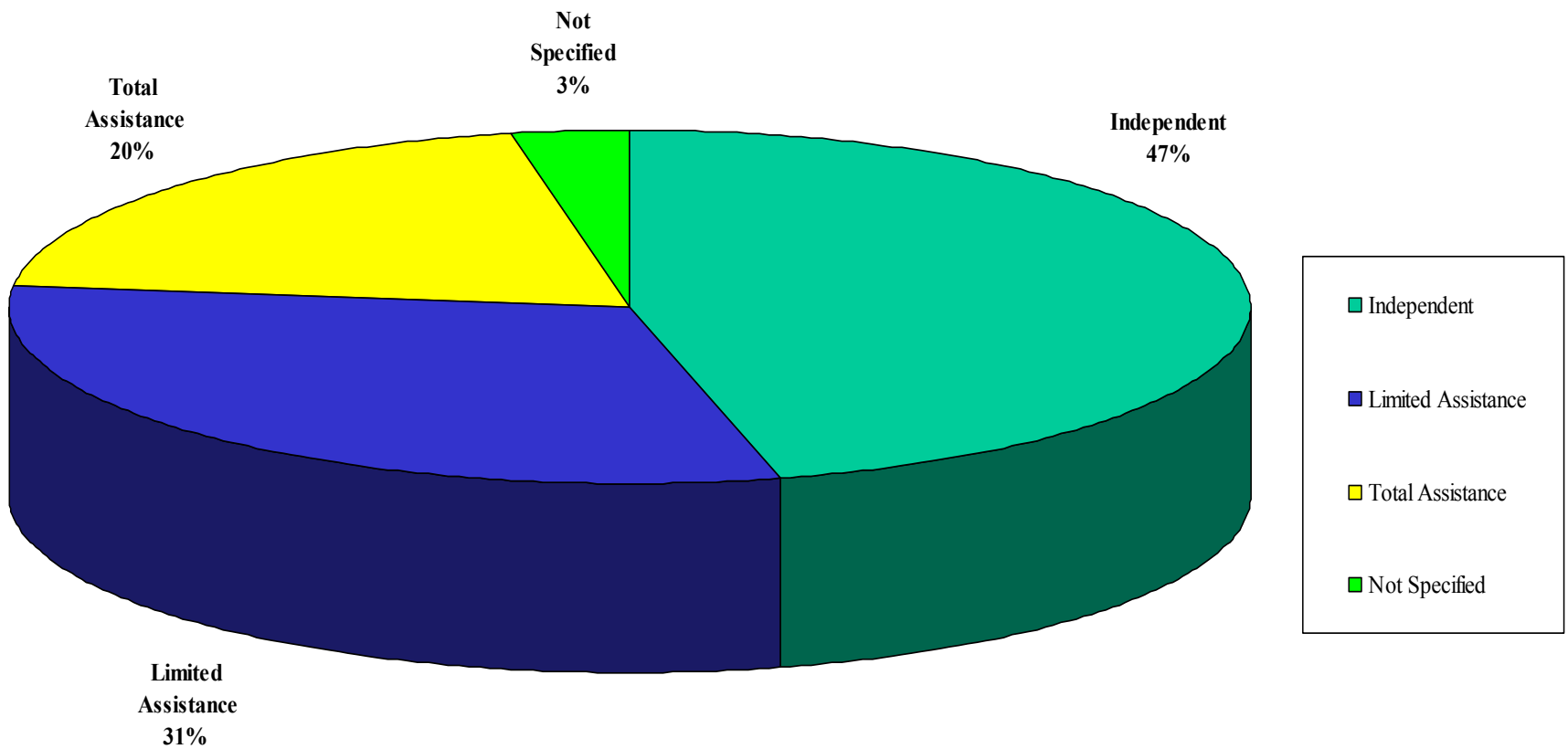
The sum of the percentages may not equal 100, due to rounding.

Source of Data: Resident Profile Survey - 2004

Based on 11,777 Residents in 190 ALR/CPCH Facilities on 12/31/2004

Figure 8B

Percentage of Residents Requiring Cognitive Assistance



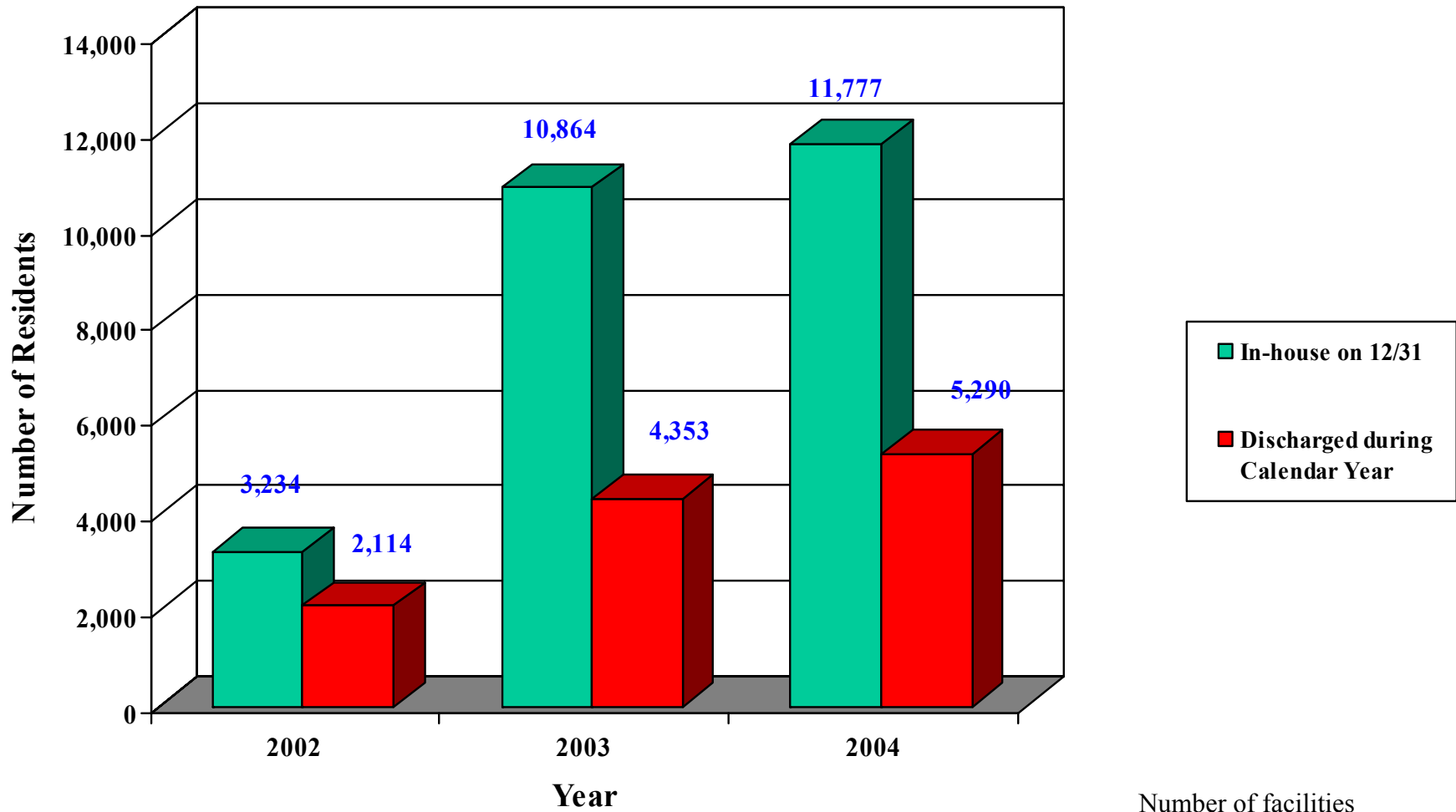
The sum of the percentages may not equal 100, due to rounding.

Source of Data: Resident Profile Survey - 2004

Based on 11,777 Residents in 190 ALR/CPCH Facilities on 12/3/2004

Figure 9

Number of Residents Included

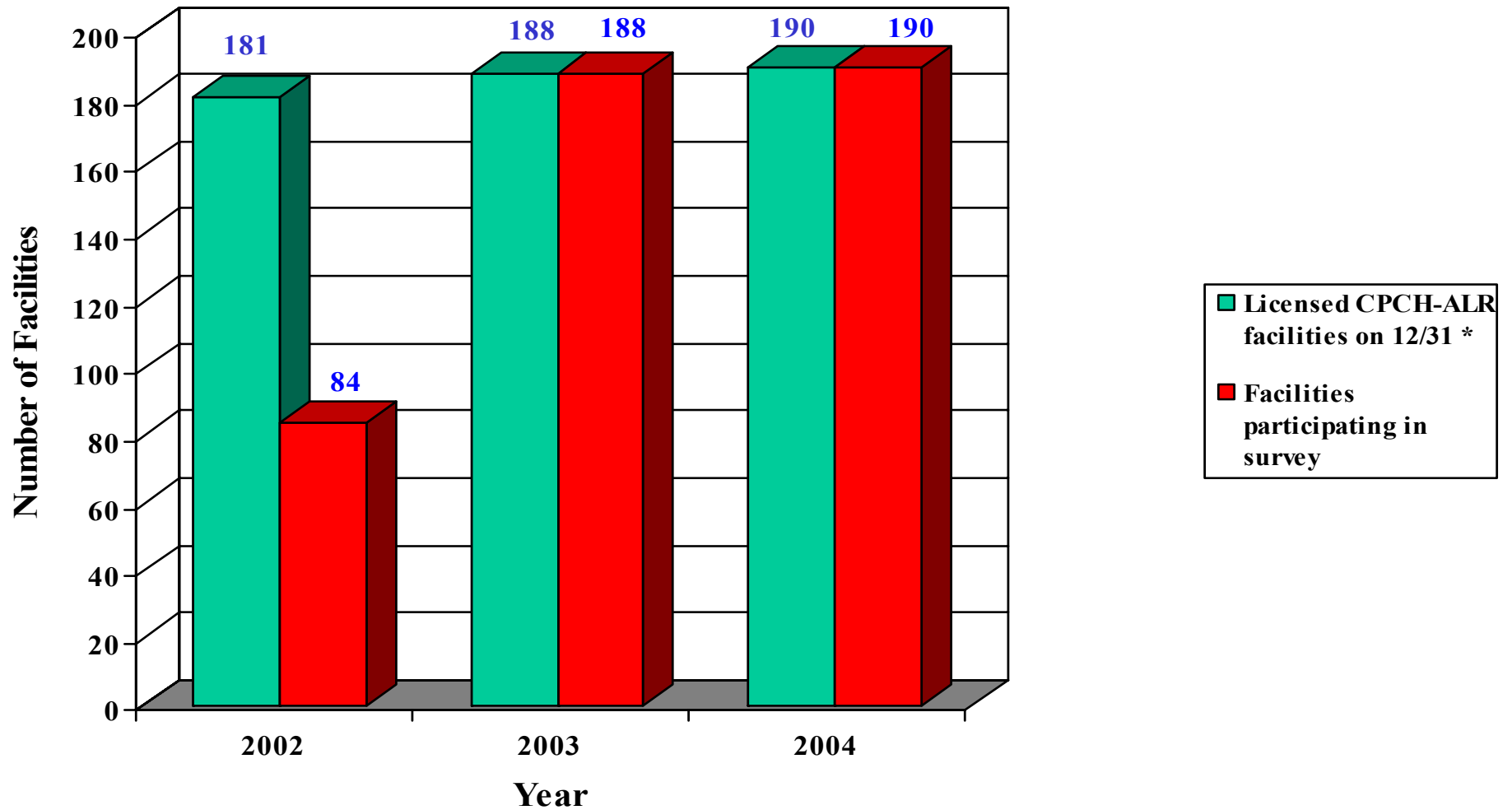


Source of Data: Resident Profile Survey

| | |
|------|-----|
| 2002 | 84 |
| 2003 | 188 |
| 2004 | 190 |

Figure 10

Number of Facilities Licensed and Participating in Survey



* Facilities not deemed appropriate for the Resident Profile Survey are not included.

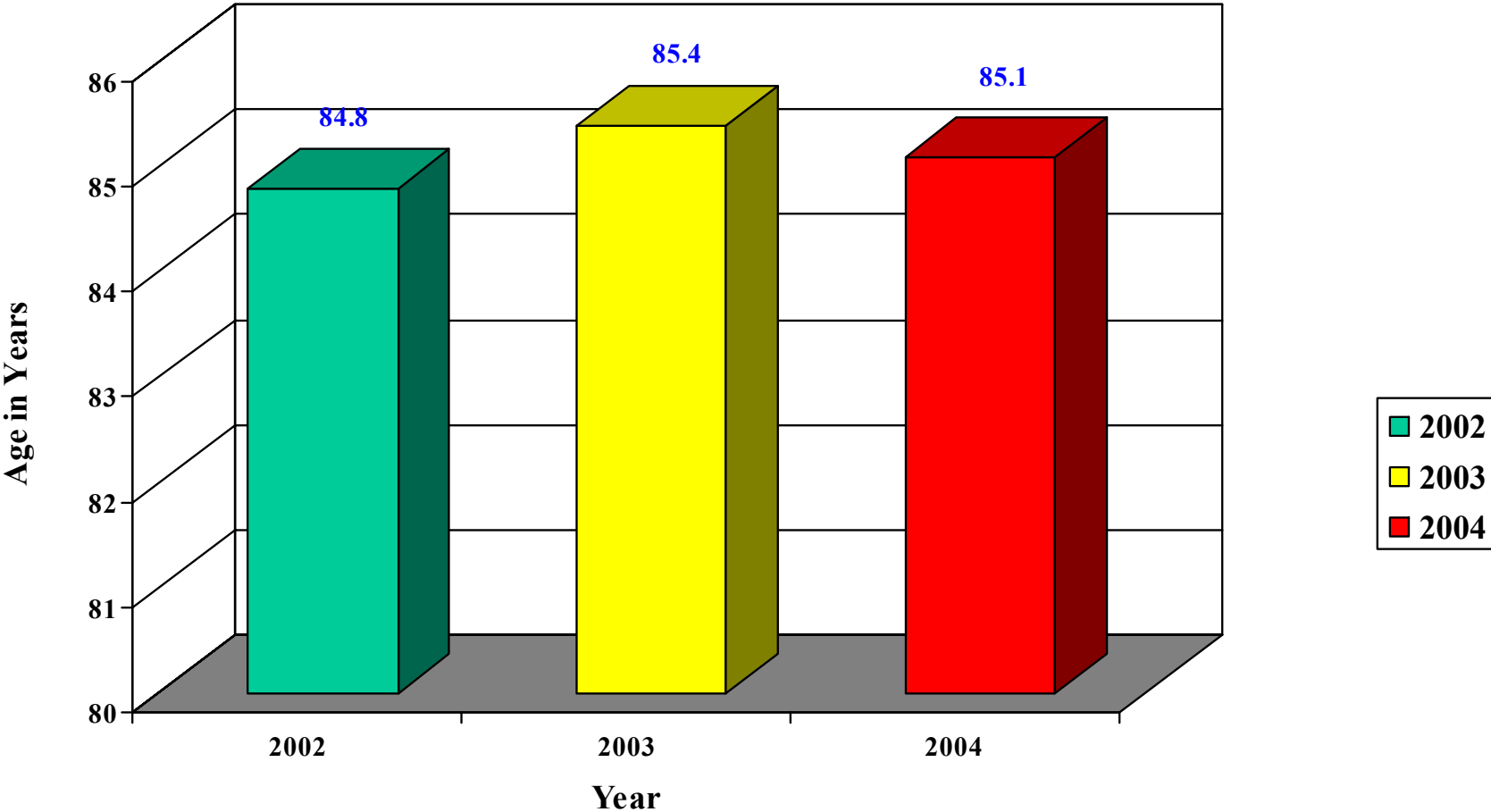
Source of Data: Resident Profile Survey

Number of Residents

| | |
|------|--------|
| 2002 | 4,659 |
| 2003 | 10,864 |
| 2004 | 11,777 |

Figure 11

Mean Age

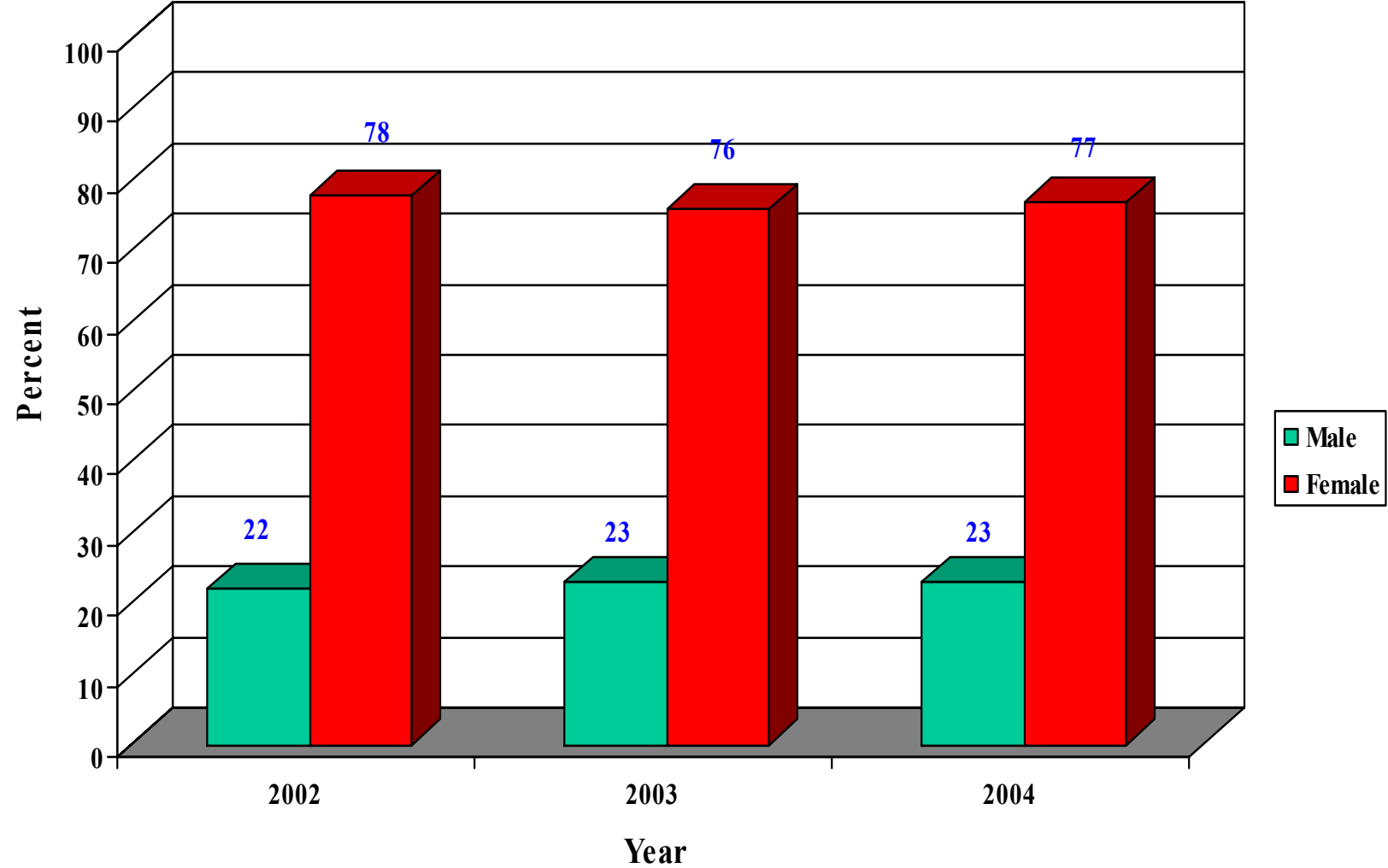


Source of Data: Resident Profile Survey

Residents In-house on December 31

Figure 12

Residents by Gender

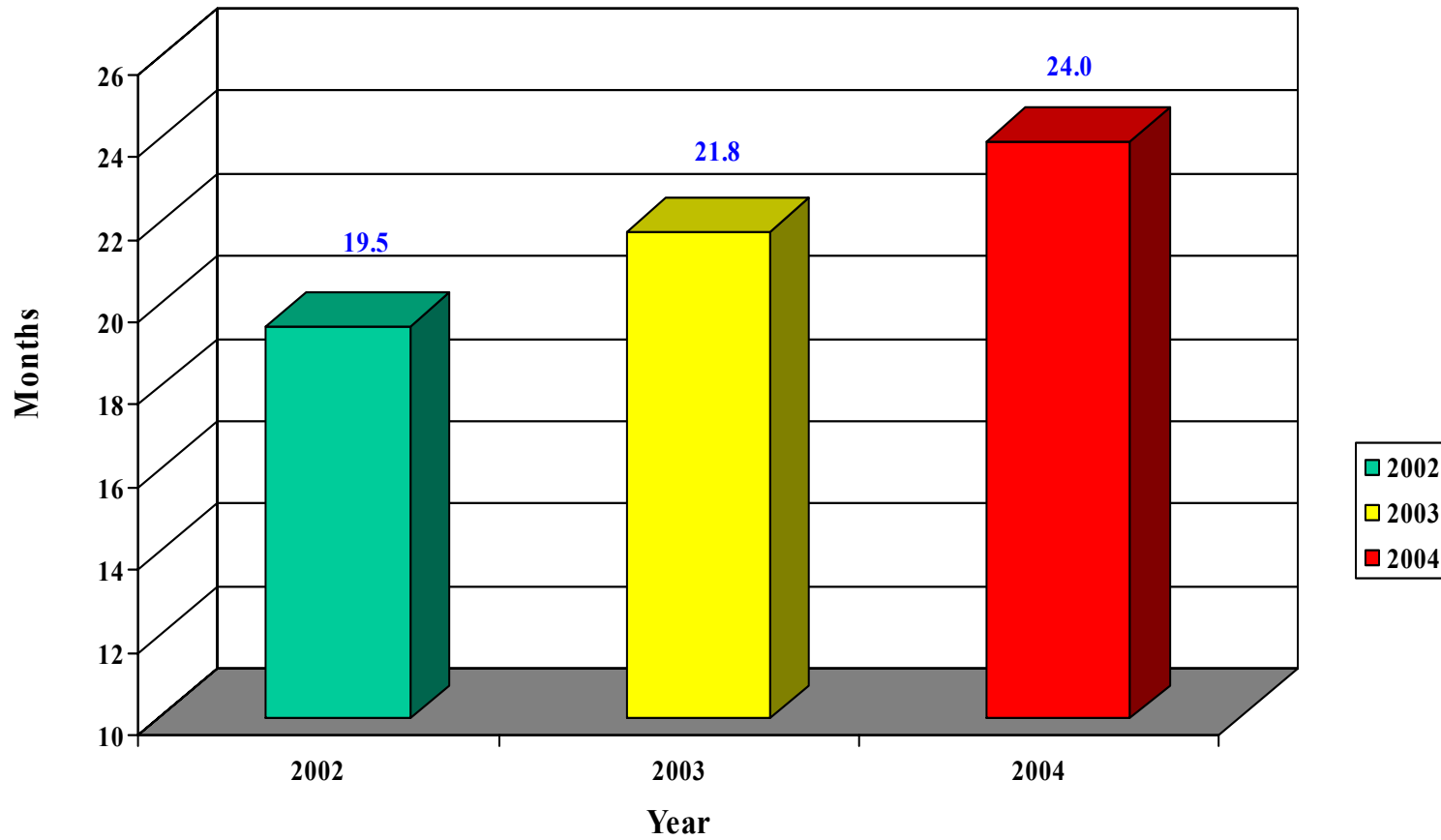


Source of Data: Resident Profile Survey

Residents In-house on December 31

Figure 13A

Mean Length of Stay for In-house Residents

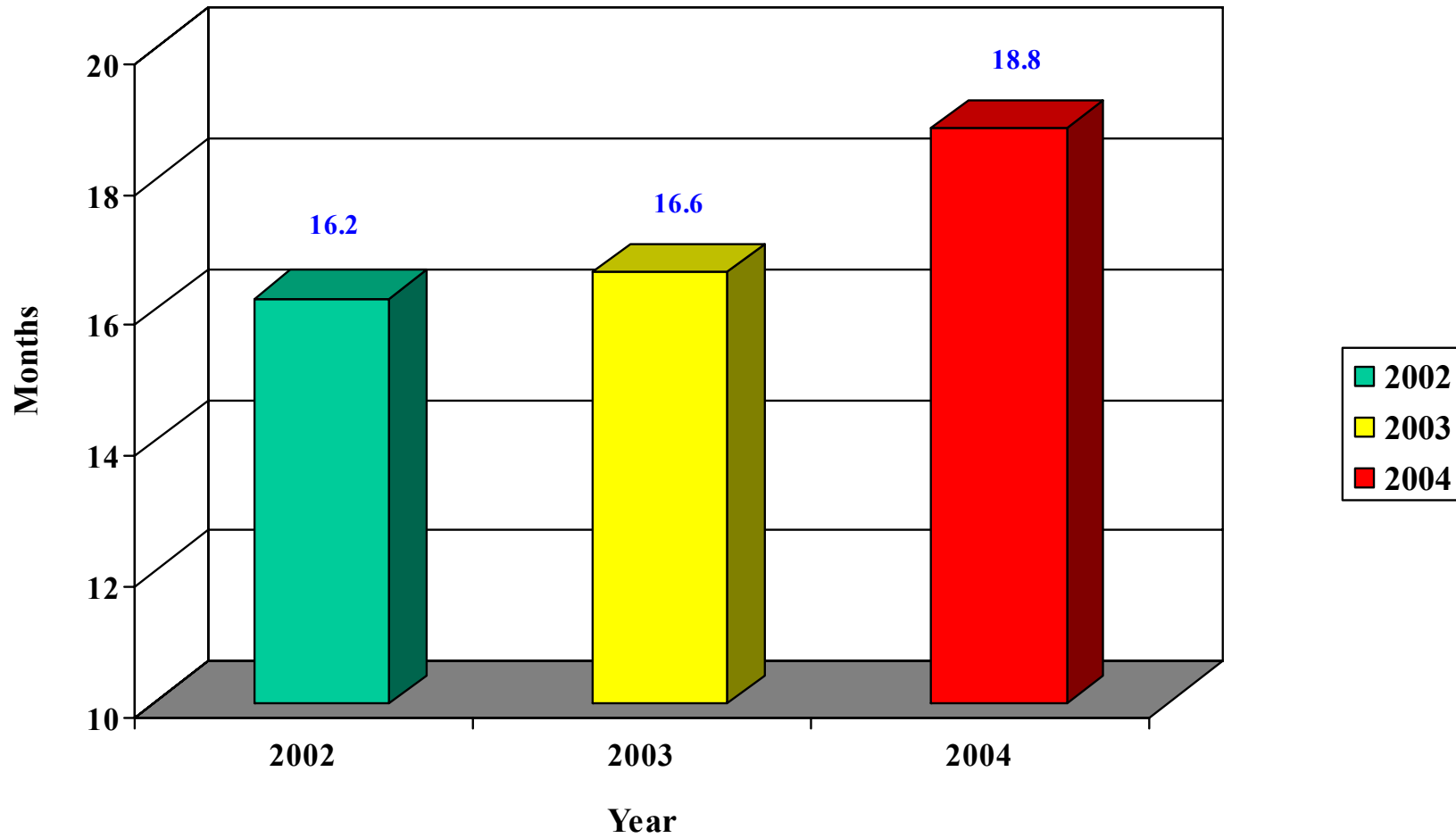


Source of Data: Resident Profile Survey

Residents In-house on December 31

Figure 13B

Mean Length of Stay for Discharged Residents

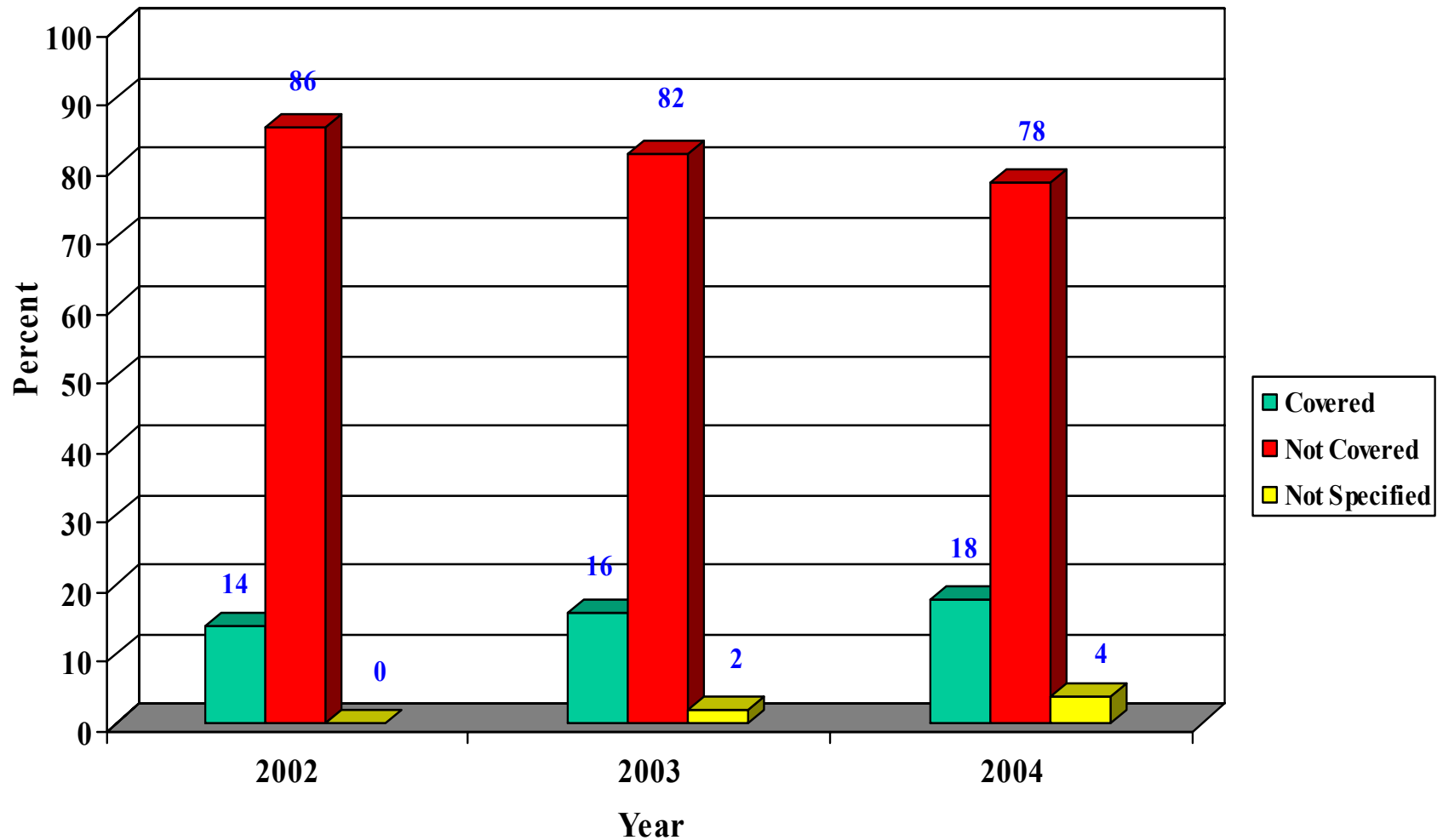


Source of Data: Resident Profile Survey

Residents discharged during calendar year

Figure 14

Facilities in Medicaid Waiver Program and Residents Covered by Medicaid

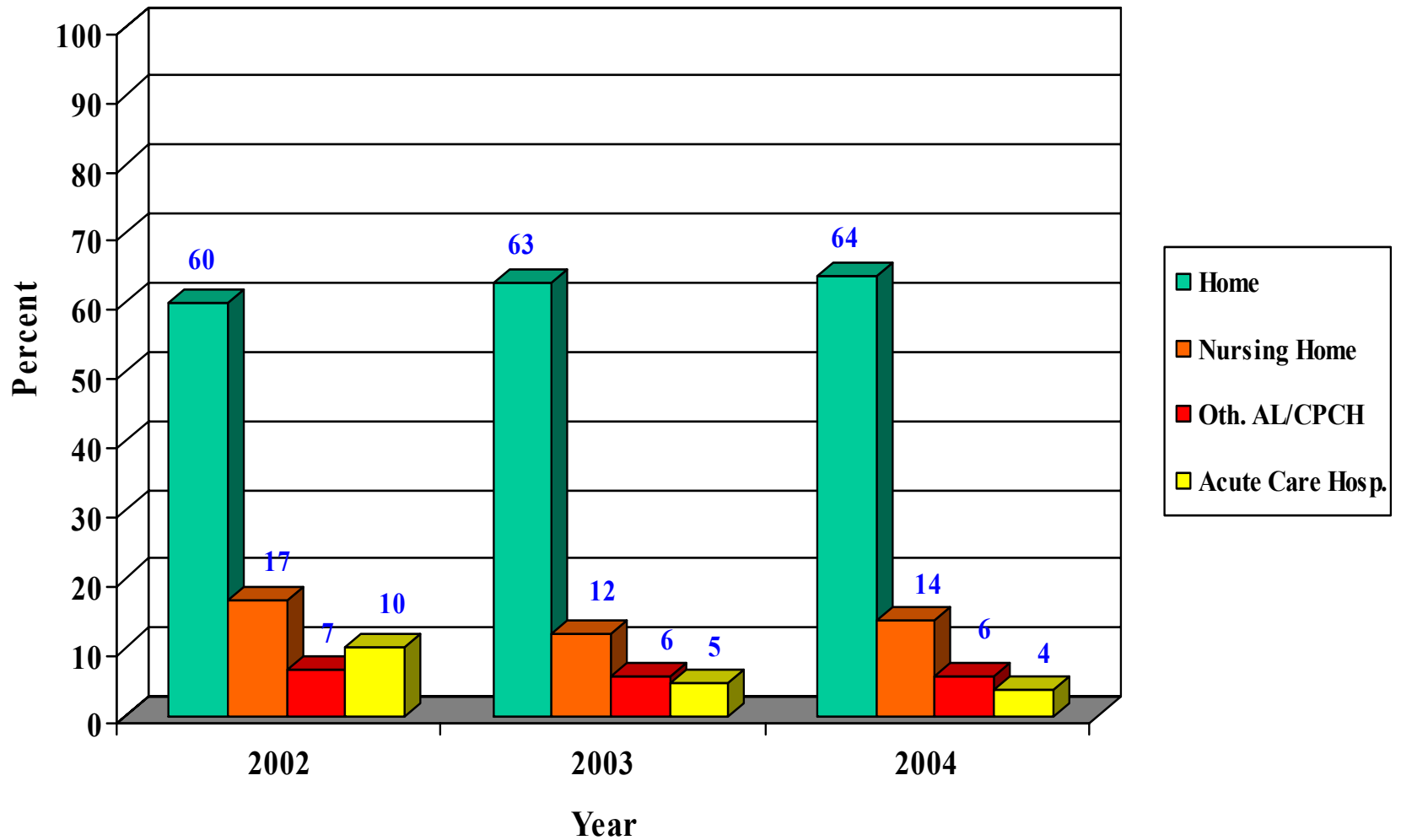


Sources of Data: Resident Profile Survey and NJ Aspen

Residents discharged during calendar year

Figure 15A

Source of Admission Four Largest Categories

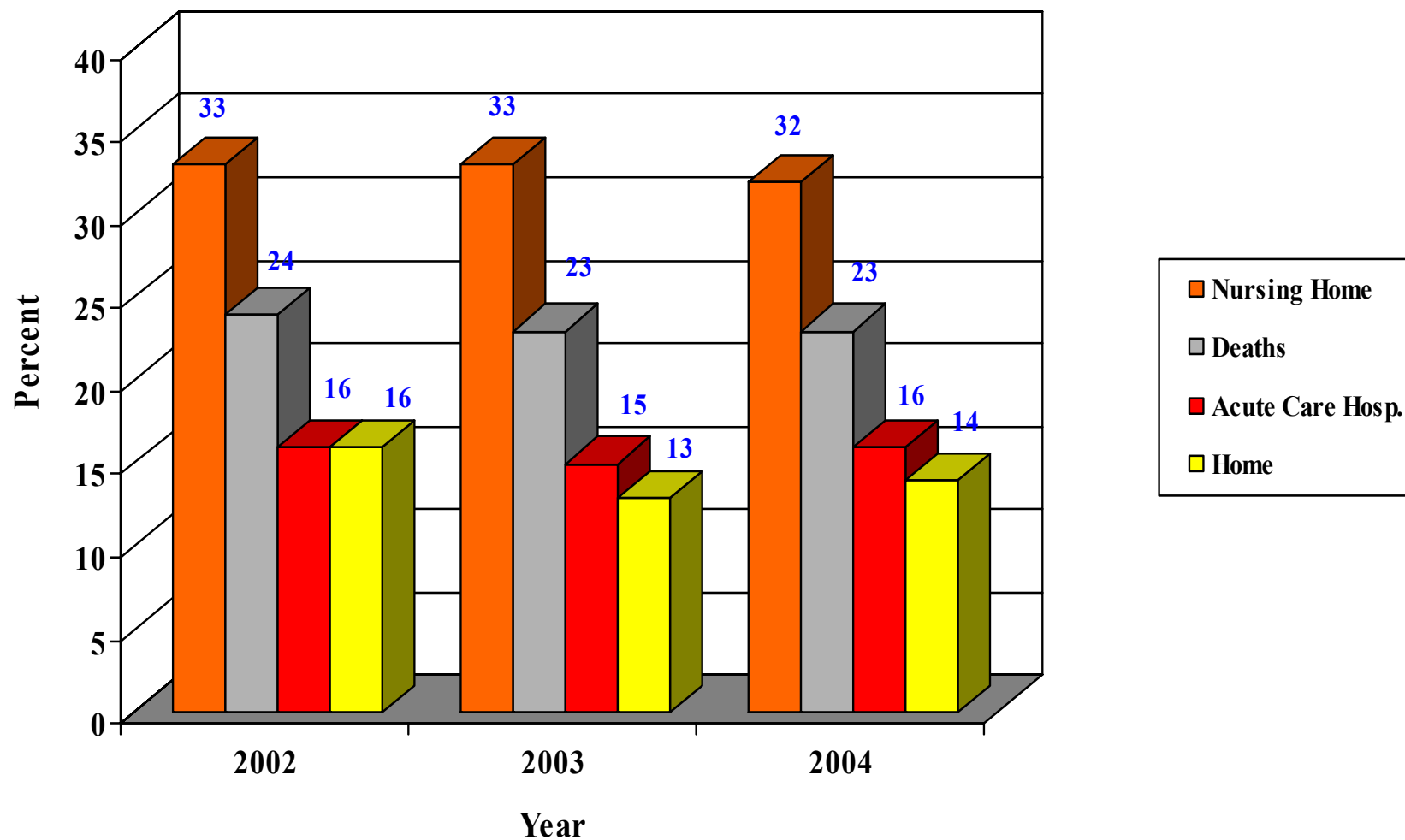


Source of Data: Resident Profile Survey

Residents In-house on December 31

Figure 15B

Discharge Destination Four Largest Categories

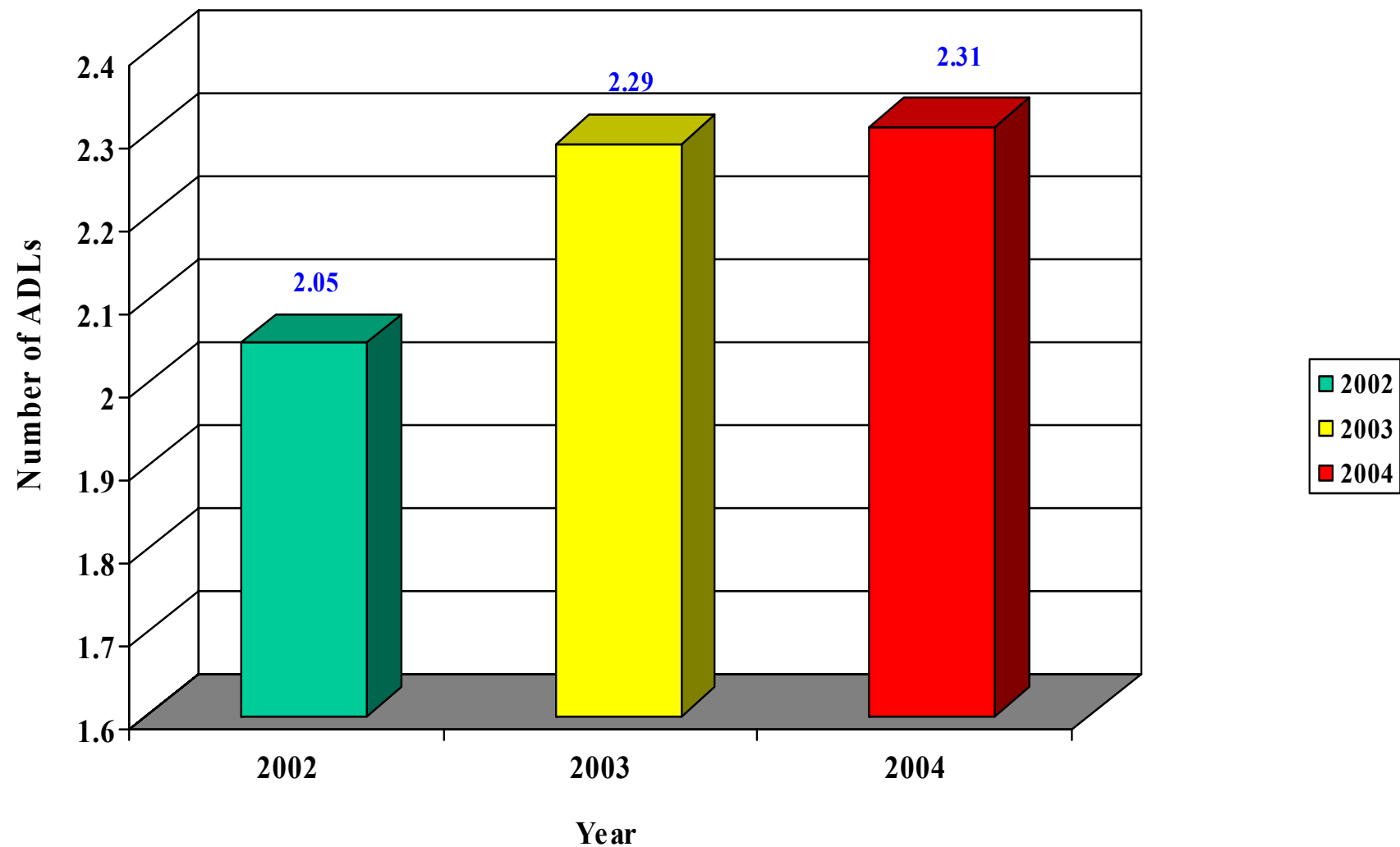


Source of Data: Resident Profile Survey

Residents discharged during calendar year

Figure 16

Mean Number of ADLs Requiring Assistance

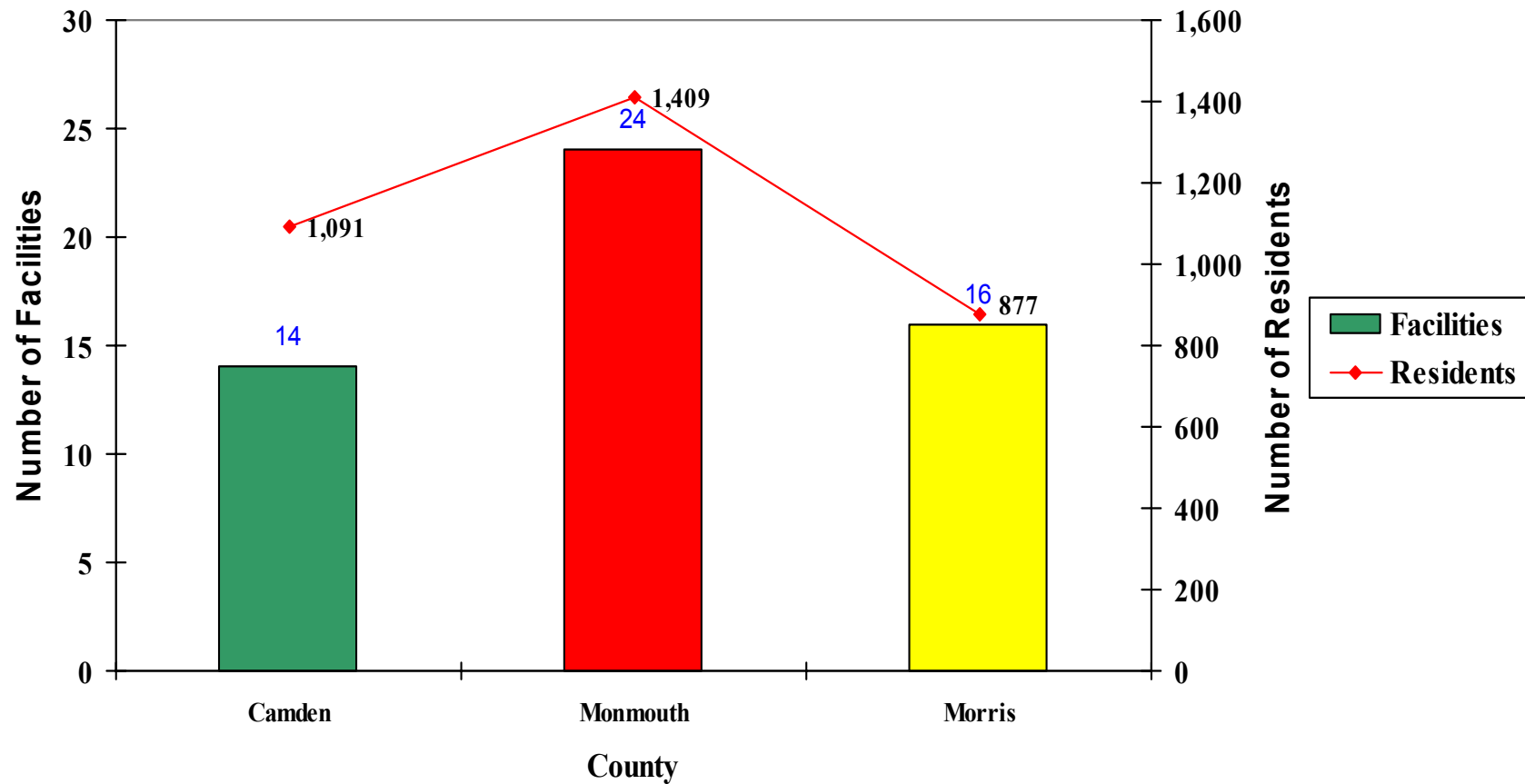


Source of Data: Resident Profile Survey

Residents In-house on December 31

Figure 17

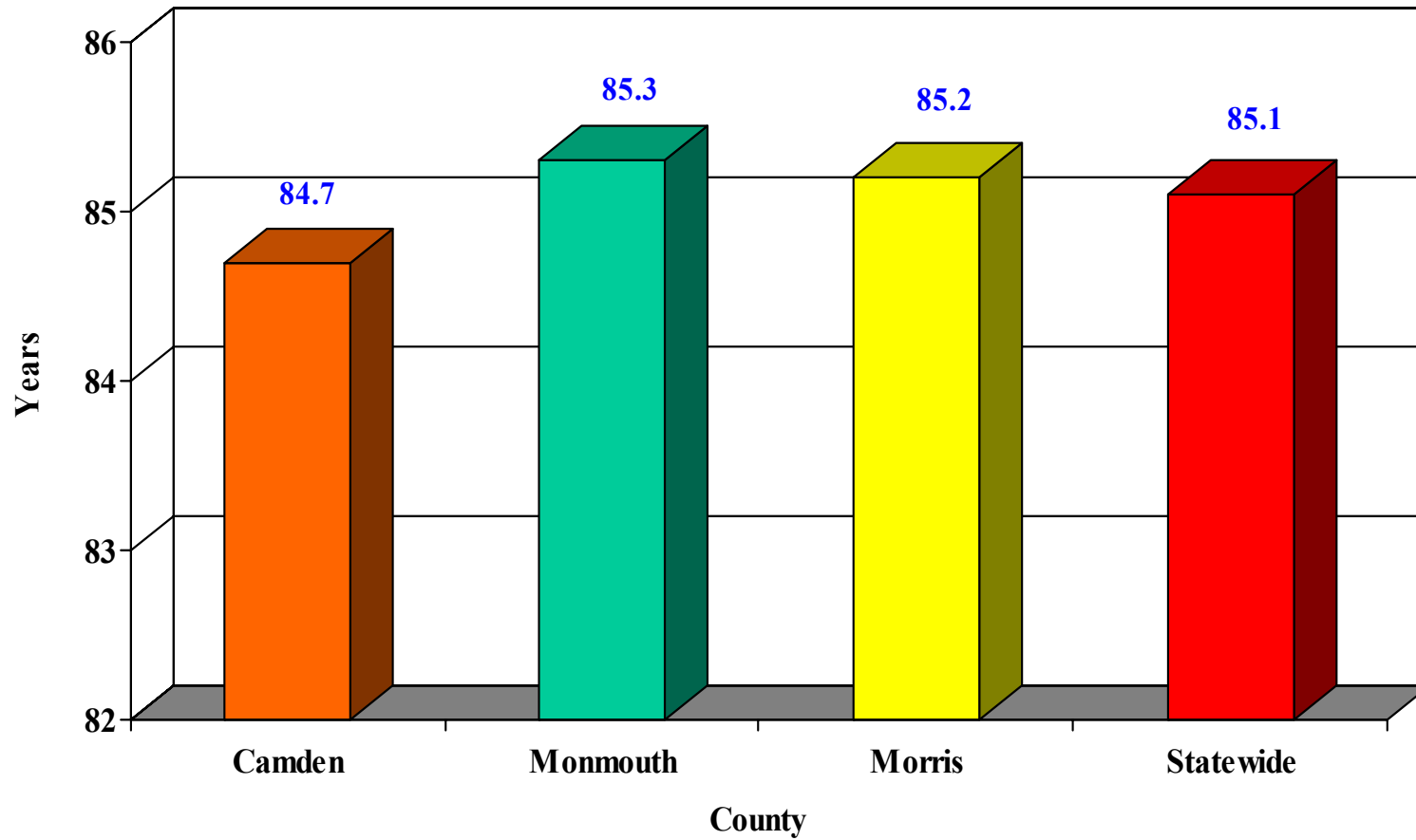
Number of Facilities and Residents on 12/31/2004



Source of Data: Resident Profile Survey - 2004

Figure 18

Mean Resident Age

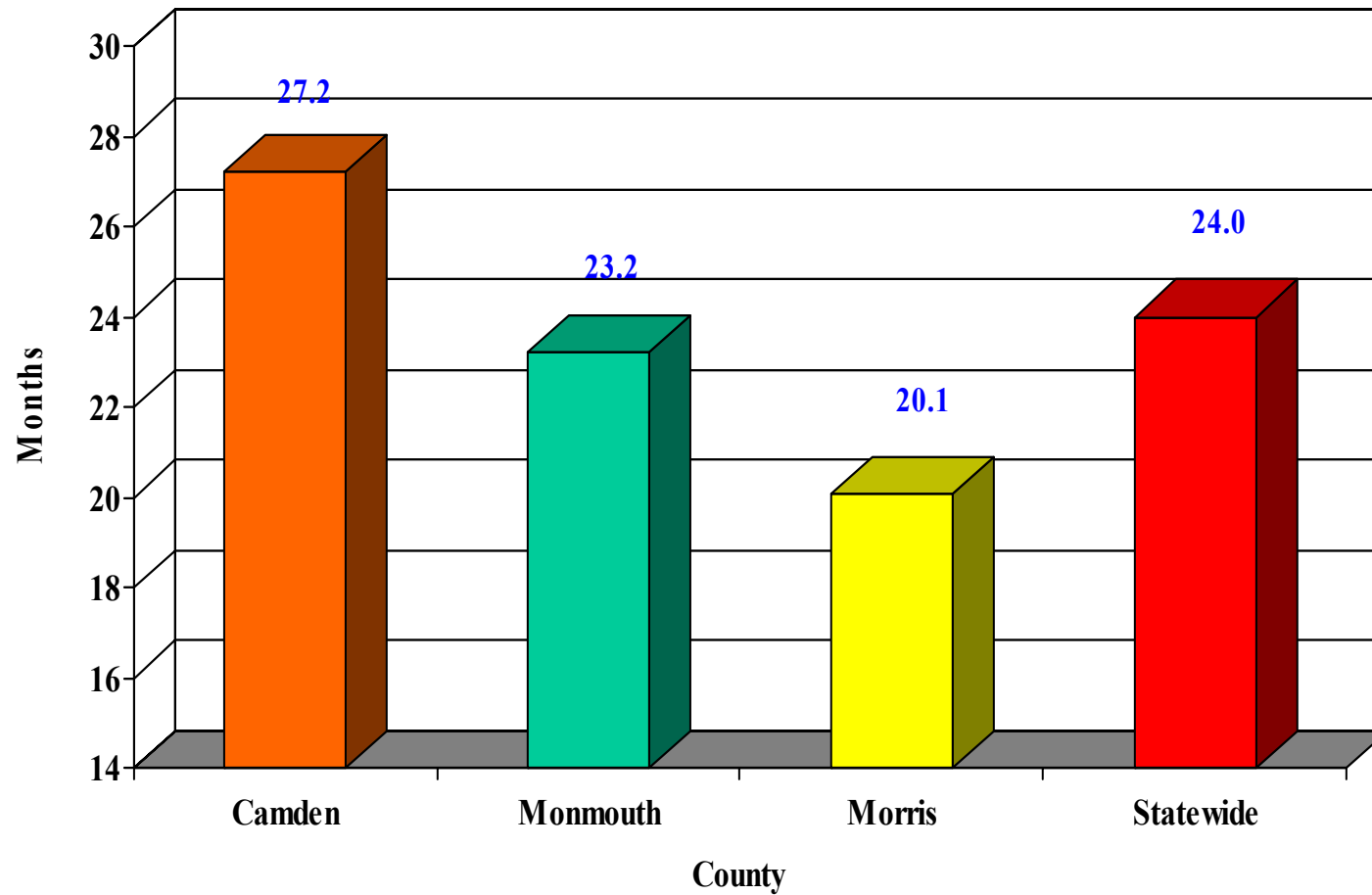


Source of Data: Resident Profile Survey - 2004

Based on 11,777 Residents in 190 ALR/CPCH Facilities on 12/31/2004

Figure 19A

Mean Length of Stay for Current Residents

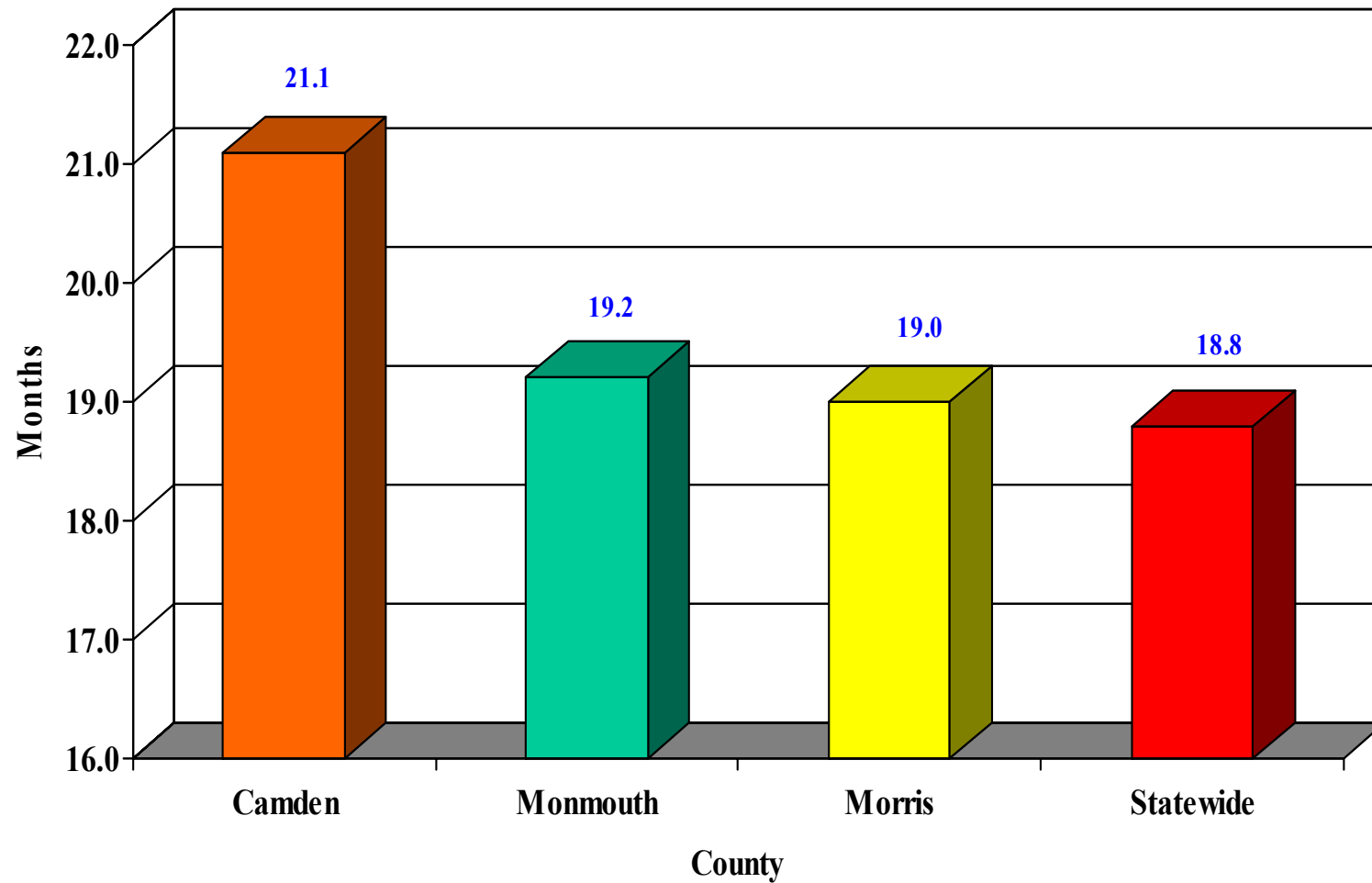


Source of Data: Resident Profile Survey - 2004

Based on 11,777 Residents in 190 ALR/CPCH Facilities on 12/31/2004

Figure 19B

Mean Length of Stay for Discharged Residents

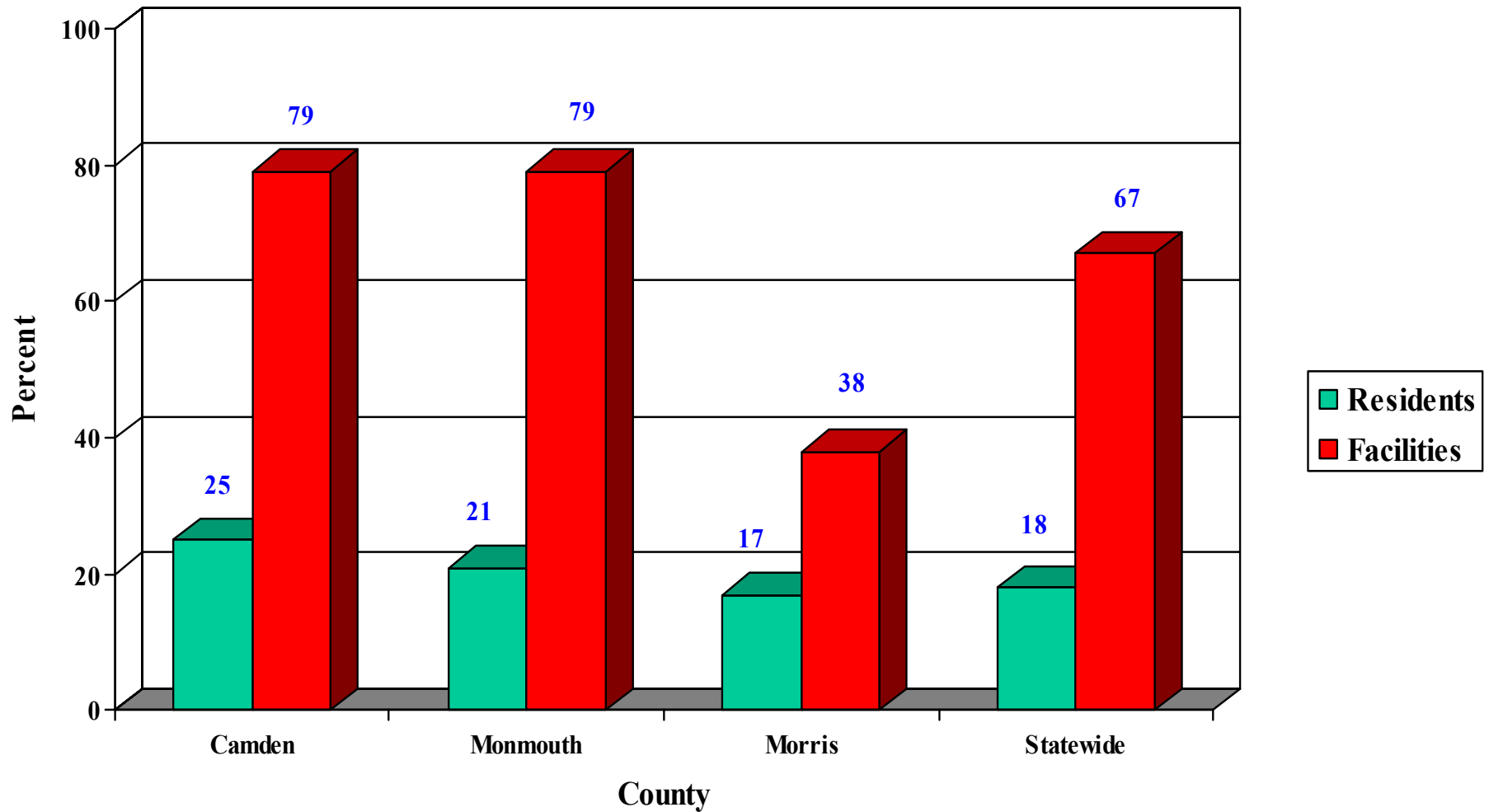


Source of Data: Resident Profile Survey - 2004

Based on 5,313 Residents Discharged from 190 ALR/CPCH Facilities in 2004

Figure 20

Facilities with Medicaid Waiver and Residents Covered by Medicaid

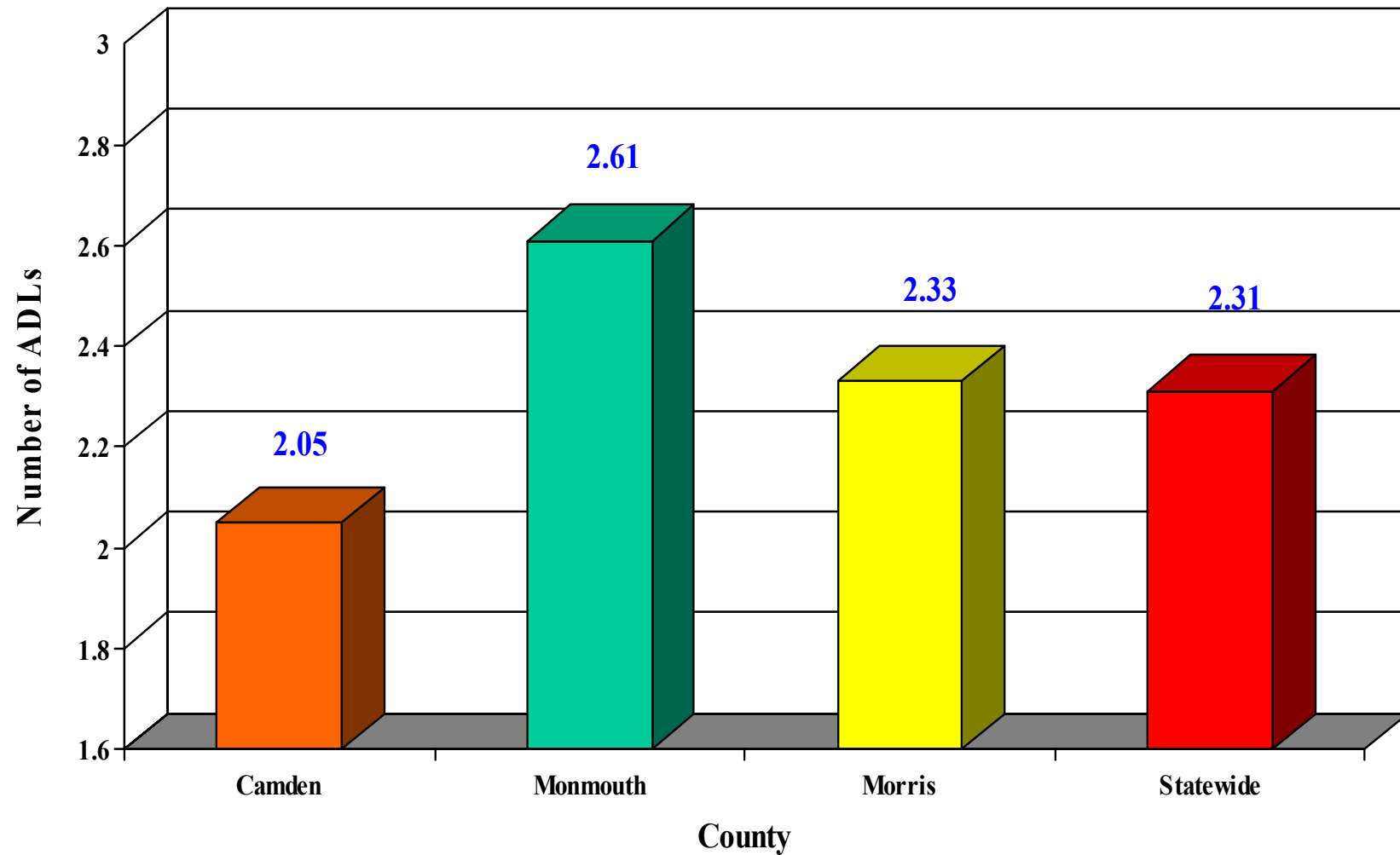


Sources of Data: Resident Profile Survey – 2004
NJ Aspen

Based on 11,777 Residents in 190 ALR/CPCH Facilities on 12/31/2004

Figure 21

Mean Number of ADLs Requiring Assistance Per Resident



Source of Data: Resident Profile Survey - 2004

Based on 11,777 Residents in 190 ALR/CPCH Facilities on 12/31/2004

